## FOR STATE NEALTH DEPT. 1. PLACE OF DEATH

### MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MORYLAND 9 12196 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

IEALTH DEPT.	1. PLACE OF DEATH  a. COUNTY  2. USUAL RESIDENCE (Where daceased lived, If Institution: Residence before admission)
F 8 8 5	a, STATE b, COUNTY
SCEE VI	b. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest fown)  write RURAL and give neerest fown)  c. LENGTH OF STAY IN 1b  c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest fown)
30	Chevenly (2) Come Santage
Da Sar	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) , d. STREET ADDRESS   e. IS RESIDENCE
dela Po Bo	Prince George's General Hospital 6403 Temple Hills Road VES NO IX
fun fun saine sath	3. NAME OF First Middle Lost 1-1, DATE Month Day Year
the treet ret	OF OF DEATH February 27, 1962
affe	5. SEX   6. COLOR OR RACE 7. MARRIED   NEVER MARRIED   18. DATE OF BIRTH   19. AGE (In years if UNDER 1 YEAR   IF UNDER 24 HRS.
de may	last birthdey) Months Days Hours Min.
d 5. a	10a. USUAL OCCUPATION Give kind of work 10b. KIND OF BUSINESS OF INDUSTRY 11 BIETHDLACE (Sales of Industry Colonia)
st. 2	done during most of working life, even if retired)
3. p	Gardner (Ret.) Truck Gardner Prince Geo Cty., Md. U.S.A.
P. P	Convert Total to 1977
form form	
uted within tem 18. G with form with form permit, Fill	(Yos, no, or unkown) (If yes give were detected experience)
will will be a special section of the section of th	NO None None Mrs. Zora M. Corley, Upper Marlboro, Md
ni in ong ni in prisit p	PART I, DEATH WAS CAUSED BY.
ancia ancia ancia ancia ancia	MAMEDIATE CAUSE (a) Acute congestive heart's failure
ffic ffic val	Conditions, if ony, which the Conditions are more discoursed.
should be one	gave rise to immediate cause
din	(a), stelling the underlying DUE TO
intro (ami) per sed on,	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
a P E E	
Series O	20b. EXTERNAL CAUSE WAS    20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert I or Part II of item 18.)
Sho Me	PRIMARY OF CONTRIBUTING CONTRIBUTING
hing hing hing	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20s. PLACE OF INJURY (Home, farm, 20f. (City or fown) (County) (State)
A Pog or	Hour a,m. Whila Not Whila rectory, street, office bidg., etc.)
Site,	
神神神神神	
S E S	death resulted from: Natural causes X. Accident . Suicide . Homicide . Undetermined manner .
forward forward forward forward	ACTUAL ( )
AL AL	SIGNATURE M.D.
execute be fully be f	EXAMINER'S.
Sesse execute should be for FUNERAL its designate	226. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (GIV. town, or country) (State)
0 240 9	Bushing Many 3-62 Book Mother than Con land
H H	23. FYNERAL DIRECTOR  240. REC'D BY REGISTRAR 1/246. REC'S SIGNATURE
SM 9 60	Semme Bro 1661- Soot Hope Re Se DATMAR 2 '62 Calling & trans
This	LAVINITURE TO COL

6,730 n blade it and a etable of P A SAME AND REAL PROPERTY OF THE PARTY OF THE And the second of the control of the A service (Net Andrews ) and the Angel of th The second secon ones all more market in the action of the second فارتسان و الماري و الماري The second secon The second of th

#### MARYLAND STATE DEPARTMENT OF HEALTH **DIVISION OF STATISTICAL RESEARCH AND RECORDS** 02197 CERTIFICATI

	DEATH	STREET,	BALTIMORE	1, 1	02180
 			1 1 1 1 1 1 1 1	**	W 11 3 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

a. COUNTY	1			Prince		
Prince Ge		MARYLAND	"Mary land			
	if outside corporate limits, I give neerest town)	c. LENGTH OF STAY IN 15		(If outside corporata limits, write	RURAL and give	neerest town)
Cheverly		3 days	63 Hyattsvi			
		ot in hospital, give street eddress)	d. STREET ADDRESS			IS RESIDENCE ON A FARM?
Prince Ge	orge's Gener	al Hospital	4618 Bur	lington Road		YES NO
3. NAME OF DECEASED	First	Middle	Lest	4. DATE Month	Day	Yaar
(Type or print)	Mary	Richardson	Ashbrook	DEATH Febru	ary 20	19 62
5. SEX	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years		
Female	TOPIC A Asia	IDOWED DIVORCED	6-30-84	lest birthdey) 77 yrs.	Months Deys	Hours Min.
10a. USUAL OCCUPAT	ION (Give kind of work	106. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Cou	inty & State, or foreign country)	12. CITIZEN	OF WHAT COUNTRY
Housewif	erking life, even if retired)	Own Home	Illinois		U.S.	Ά.
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME		
Edward	Richardson		Mary Sch	ackmann		
	ER IN U.S. ARMED FORCE			Address		
(Yes, no, or unkown) (I	fyes give wer or detes of servi	579-44-1536B	Grover H	Ashbrook Same	ag #2	(Husband
	EATH If the only one on	use per line for (e), (b), end (c).]	GIOVEI II. Z	ibiloi ook baine		TERVAL BETWEEN
	H WAS CAUSED BY	Do F S	217	1 1 1 .		NSET AND DEATH
411	IMMEDIATE CAUSE (+)	/ Physins deal	Office	in arrange		Sary
TLO DUETO						
Conditions, if any		Correging in	ley chrom	trans		5 donny
geve rise to immed (a), steting the	the patient was	Q.	1			/
cause lest.	(c)	11 11	atherore	horni		
PART II. OTHE	R SIGNIFICANT CONDITIO	NS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERM	INAL DISEASE CONDITION GIVE	N IN PART 1(e)	19. WAS AUTOPSY
OIT V						YES NO
20a. ACCIDENT W	AS UNDERLYING     2	DE DESCRIBE HOW INJURY OCCURE	D. (Enter nature of injury in	Pert I or Pert II of Item 18.)		
OR CONTRIBUTING	MEDICAL EXAMINER					
20c. TIME OF INJU		20d. INJURY OCCURRED   20e. PL	ACE OF INJURY (Home, far	m, 2Df. (City or town)	(County)	(Stete)
Hour e.m.	oki molilli, pay, real	WhileNot While fac	tory, street, office bldg., et		1.000.00	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	19	at work et work				
21. I certify I	hat (I) (this hospital)	attended the deceased from.	-17	19.60 to	9., 19.4.7	that (I) (we) la
saw the decea	sed alive on2	- Lo 19 6 2 and tha	t death occured at 8	1.40, from the causes a	nd on the d	late stated above
22e. SIGNATURE	1 1 2	11	ATTENDING	MED. STAFF		226, DATE
1	Amall (0.	Edg now	A.D. PHYS.	DIRECTOR PHYS.		2-20-6
22c. PHYSICIAN'S	0 4 4 1 1 0	- Marie	22d. ADDRESS	1617756111	F 15 0	
NAME (Type	BONATA	CERUICEN		7/4/12/12	11700	
23e. BURIAL, CREMAT	ION, 236. DATE THEREC	F 23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, town	or county)	(State)
Entembre	0 100 1/0	Cedar Hill		Suitland,		Md.
24 FUNERAL DIRECTO		ADDRESS	25. 91	C'D BY DECISTRAD 256 PEGI	STRAR'S SIGNA	
		Hyattsville, Ma	ryland	FEB 2 3 '62	Ilun d. Th	Alle
r rancis	dascin's Bom	o TINGULDVIIIE, INTO	T A TOTTE   DALE :			

the funeral TO HOSPITAL ON ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 ms. Cotained by the hospital or attending physician.

S TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in the funeral of infector, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pages. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

02121

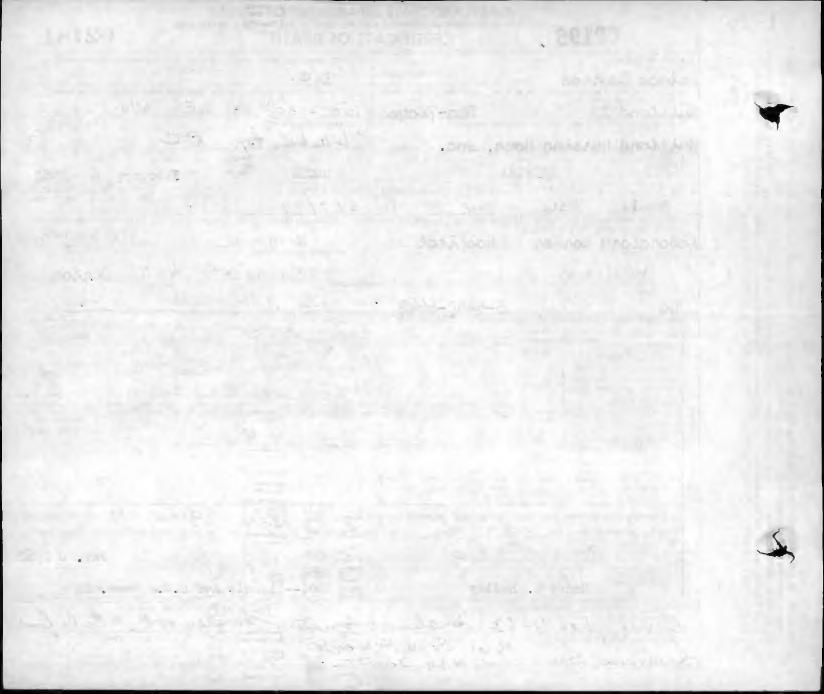
CMESO	CERTIFICA	TE OF DEATH		ONTOT
1. PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE (Whe	re deceased lived. If institution: Resid	ence befare admission)
Prince Georges	MARYLAND	5, C.	b. COUNTY	
b. CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If ou	tside corporate limits, write RURAL an	d give nearest town)
RURAL and give nearest town) Suitland, 23	5Tho-7Days	(1609- 30Th	S4. S.E. W	ASHINATON
d. NAME OF HOSPITAL (If not in haspital, give street	address)	d. STREET ADDRESS	4	e. IS RESIDENCE
OR INSTITUTION Salition of Maranima Homo	Om a	W Backgame	ton DC 4	YES NO NO
3. NAME OF First	Middle	Lost	4. DATE Month	Doy Yeor
(Type or print) MALVINA		BACHE	OF DEATH Pebruan	*
5. SEX   6. COLOR OR RACE   7. MAR	RIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years IF UND	ER I YEAR IF UNDER 24 HRS.
Female White wipow		5/17/77	lost birthday) Months	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)	KIND OF BUSINESS OR INDU	ISTRY 11. BIRTHPLACE (Stote o	r foreign country) 12.C	ITIZEN OF WHAT COUNTRY?
Saboratory Worker )	lashital	Vira	inia	U.S.America
13. FATHER'S NAME		14. MOTHER'S MAIDEN N		
Milliam Russ	e LL-	Mar	garet Watts	Bunton
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.1	NFORMANT	Address	
ho 5-	5450-6662 1	1rs Nora Se	der (deughter)	es above
18. CAUSE OF DEATH [Enter only one couse per I	ne far (a), (b), and (c).]	A		INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:		Congester	e Lanleau	ONSET AND DEATH
DUE TO	4	/ 0 /	/4	1
Conditions, if any, which ) (b)		Francillan	me all a dice	· untapor
gove rise to immediate DUE TO		0 / 4	-0	1. 1.
lying covse lost. (c)		"allerod	2 levis	andrear
PARY II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMIN	IAL DISEASE CONDITION GIVEN IN P.	ART 1(a) 19. WAS AUTOPSY PERFORMED?
CA				YES NO
PARY II. OTHER SIGNIFICANT CONDITIONS  200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURR	ED. (Enter nature of injury in Pe	ort I or Port II af item 18.)	
2	t.	LACE OF INJURY (Home, form, octory, street, office bldg., etc.)		(County) (Stote)
Hour o.m. 19 white	INDE WRITE	Charlet, office blog., etc.)		
21. I certify that (1) (this haspital) atten-	ded the deceased from	fam 1 1de	1 to Feb 6 10	that (I) (we) last
saw the deceased glive on 3		death occurred at of	M, from the causes and on t	
22g. SIGNATURE	n		on the cooses the on t	225, DATE
Nghad	leg	M.D. PHYS.   MEI	O. STAFF	Feb. 6 1962
22c. PHYSICIAN'S NAME (Type)	V	22d. ADDRESS		
Henry G. Had!	ley	4601Nic	chols Ave S.W. Wa	ash. DC
23a BURIAL, CREMATION, 23b. DATE THEREOF	23c NAME OF CEMETERY	OR CREMATORY	23d_LOCATION (City, town, ar county	(Stote)
Berrial Feb. 7-62	Inglewoo	Q Cometery	Inglewood	- Calify
24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS O LL	to DA CE 250. MECO	BY REGISTRAR 256, REGISTRAR'S	SIGNATURE
Semmons Bro.	11 18 ch 3	DATEFER	18 162 Clashing 2	P. Haus

heral director, be filed with death. Page 4 TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after may be retained to the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the page 3 shauld be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 show the Store Board of Health prior to burial, cremation, ar remard, and in any event within 72 hours after death.

02100

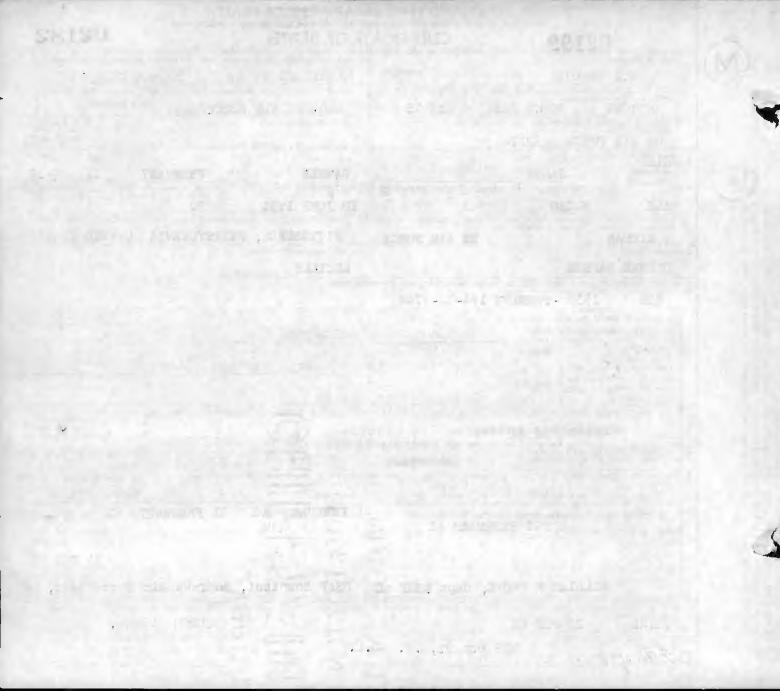
VR A1S (4) 1SM 9/S9



MARYLAND STATE DEPARTMENT OF HEALTH

02182 PRINCE GEORGES e. IS RESIDENCE ON A FARM? YES NOWX Year 21 1962 IF UNDER I YEAR IF UNDER 24 HRS. Months Days 12. CITIZEN OF WHAT COUNTRY? UNITED STATES INTERVAL BETWEEN ONSET AND DEATH PERFORMED? YES NO I Ingestion of commercial prepara-tion of rat poison. (County) Ash . -Pr. Geo. 25 D.C. 226. DATE 21 FEB 62

(Stole)



# FOR STATE HEALTH DEPT.

#### MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

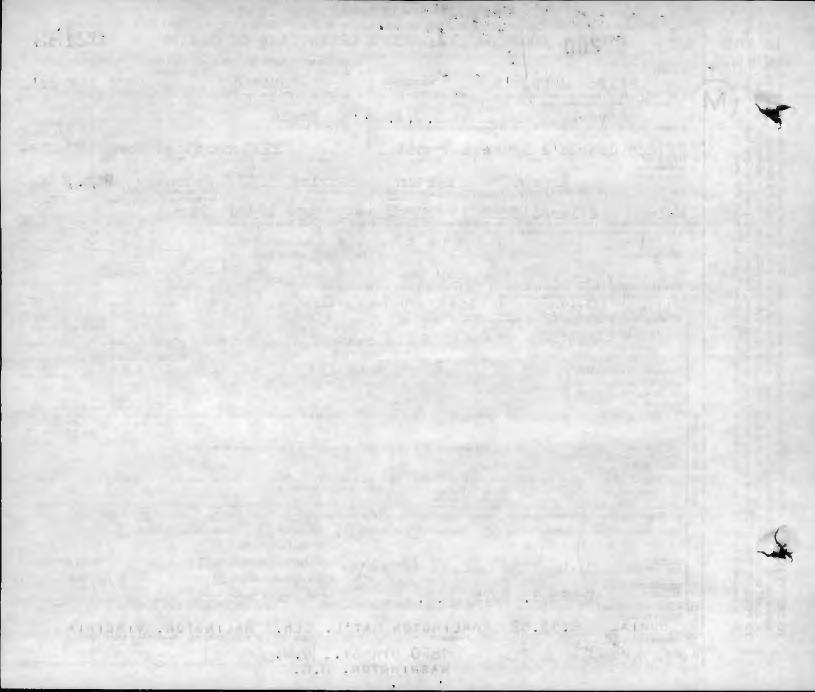
12200 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

02183

	a. COUNTY	e. STATE  b. COUNTY						
4	Prince George's MARYLAND	Maryland Prince George's						
4	b. CITY OR TOWN (il outside corporele limits, write RURAL and give nearest town)	c. CITY OR TOWN (Il outside corporete limits, write RURAL end give nearest town)						
ħ	Cheverly D.O.A.	A Bowie						
4	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS   e. IS RESIDENCE						
	D 4 0 1- 0 1 11 14 2	Flataharatam Pand YES NOW						
	Prince George's General Hospital	Fletcherstown Road   YES   NO NO						
	DECEASED	OF						
Ì	(Type or print) Ernest Martin	Barrios February 9th 1962						
	5. SEX 6. COLOR OR RACE 7, MARRIED NEVER MARRIED 1	9. AGE (In years   IF UNDER 1 YEAR   "IF UNDER 24 HRS.  last birthday)   Months   Days   Hours   Min.						
e	Male Colored WIDOWED DIVORCED	November 12/85 76 yrs. Months Deys Hours Min.						
	10a. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR INDUSTR							
	done during most of working life, evan il refired)	Florida 1, S.a						
-	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
	A CL	CO A TO						
	comanuel Larrios	Elizabeth Carter						
/	15. WAS DECEASED EYER IN U.S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17, 19 [Yes, no, or unknown] [[Ifyesgivewarordatesofservice]]	INFORMANT Address						
	441 WWI 263-22-070/W	vistarie fletcher, some as to						
	18. CRUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]	O INTERVAL BETWEEN						
	PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH						
	IMMEDIATE CAUSE (a) Course (c)	ongestive heart failure						
	DUE TO	DUE TO O						
	Conditions, if any, which (b) Carchora.							
	gave rise to immadiata cause [e], stating the underlying DUE TO							
	(a), saming in uncertying (a)							
	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY						
-	OIL CONTRACTOR OF THE CONTRACT	PERFORMED? YES NO T						
	20a. EXTERNAL CAUSE WAS   20b. DESCRIBE HOW INJURY OCCURED.	Enter nature of injury in Part I or Part II of itam 18.)						
	PRIMARY Or CONTRIBUTING	river marcia of mileta in cert to the milet man inch						
	U	ACE OF INJURY (Homa, farm, 20f. (City or town) (County) (Stata)						
	Hour e.m. Whila Not Whila 195	I						
	21. I certify that I took charge of the remains described above, he	eld an Autopsy , Inspection x. Inquiry x and in my opinion						
		ide . Homicide . Undetermined manner						
	Accident Land Accident L.							
	1 0 n	CHIEF MEDICAL EXAMINER						
	SIGNATURE James J 2007	M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED						
	EXAMINER'S	DEPUTY MEDICAL EXAMINER X 2/9/62						
1	NAME (Type) JAMES I. BOYD. M.D.	Address (Strael, city, lown, or county)						
	220, BURIAL, CREMATION, 226, DATE THEREOF   226, NAME OF CEMETERY O	R CREMATORY 22d. LOCATION (City, lown, or country) (State)						
	BURIAL 2.13.62 ARLINGTON N	ATTI CEM ADDITION VIDELINIA						
1	22 FUNERAL DIRECTOR ADDRESS	AT'L. CEM. ARLINGTON, VIRGINIA  240. REC'D BY REGISTRAR   24b. REGISTRAR'S SIGNATURE						
	(86 15/11/2011 1829 9TH	ST., NATWEED 13 '62 Commo & France						
	WASHINGT	I DAIL I BO T T TO COVERNIT & TENTINE						
	WADILIA	ON, J.C.						

VS. ATSME

TO DEPUTY MILKCAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay item, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral dire, to 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of a ris designated ment, prior to burial, cremation, or removal, and in any event within 72 hours after death.



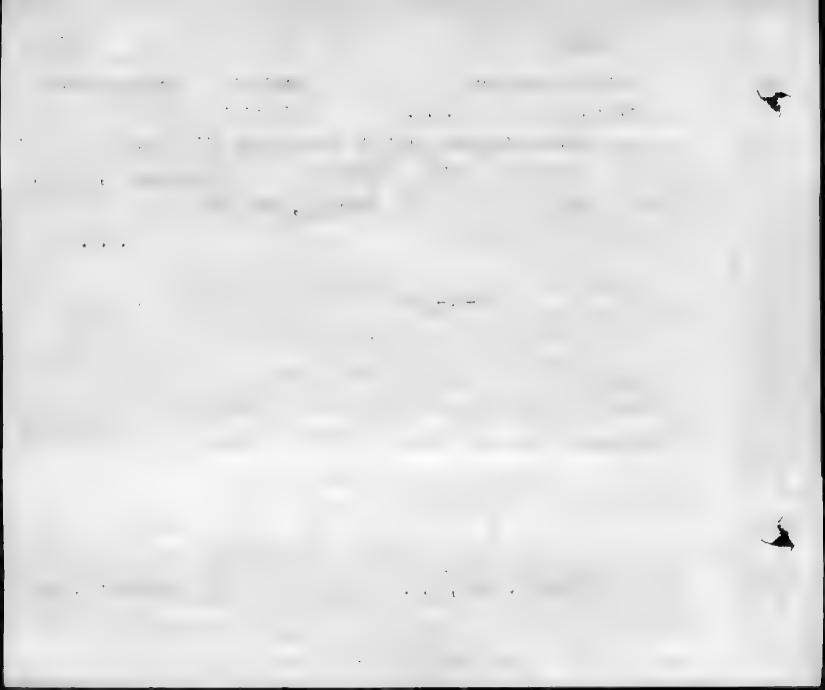
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02184 CERTIFICATE OF DEATH Rea. Dist. No. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution afteridence before admission) a COUNTY Ď **b. COUNTY** MARYLAND outside corporate limits, write RURAL and give neared town) b. CITY OR-TOWN Iff outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN IN AWRAL and give nearest town) d) NAME OF HOSPITAL (If not in hospital, give street address) d'STREET ADDRESS . IS RESIDENCE OF INSTITUTION YES NO NAME OF First. Middle 4. DATE Lost Month Day Yeor DECEASED OF DEATH ENE (Type or print) 196 SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost birthday) IF UNDER LYEAR IF UNDER 24 HRS Months Doys Hours WIDOWED ST DIVORCED [7] 100, USUAL OCCUPATION (Give kind of work done; 10b KIND OF BUSINESS OR INDUSTRY or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) puo 13. FATHER'S NAME MOTHER'S MAIDEN NAME WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT CAUSE OF DEATH [Enter only one cause per line for (a). (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) DUE TO þ H. Conditions, if ony, which gned gove rise to immediate DUE TO couse (o), stating the underlying couse lost. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 119 WAS AUTOPS) PERFORMED? YES NO P 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, Doy, Year 20d, INJURY OCCURRED 20f. (City ar town) (County) (State) factory, street, affice bldg , etc.) Hour a.m. While Not while at work at work 21. I cortify that I attended the deceased from, 19.6 that I last saw the deceased and that death occurred at Leilli M. from the causes and on the date stated above. alive on ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE AL DIREC should PHYSICIAN'S NAME (Type) FUNER. C 22b. DATE THEREOF 220 RUPLAL CREMATION 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City town, or couply) (State) 0 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 240 REC'D BY REGISTRAR 245. REGISTRAR'S SIGNATURE DATE FEB VS A15 (4) 15M 9/SS



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution- Residence before admission) B. COUNTY r Page Health, a. STATE **b.** COUNTY Prince Georges County c. CITY OR TOWN Fourse corporate limits with RUKAL and give not est min ENGTH OF STAY IN 16 write RURAL and give nearest town) Cheverly

d. Name of Hospital of Institution (if not in hospite), give street eddress) funeral direc d. STREET ADDRESS e. IS RESIDENCE ON A FARM? ŏ 4615 retained he State B death. Powder Mill Road Prince Georges General Hospital YES NO T I. NAME OF Middle DECEASED the (Type or print) LOUIS HENRY ges 1, 2, and 3 to the Page 5 may be reas 1 and 2 with the in 72 hours effer o BTENTOK DEATH 1962. February 6. COLOR OR RACE 7, MARRIED W NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years ) IF UNDER 1 YEAR / IF UNDER 24 HRS. last birthday) Months Male March WIDOWED [7] DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY I 11. BIRTHPLACE (Stelle or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Retired Pages Printer District of Columbia PM3. Pa pages 1 within 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Henry Bieligk Unknown permit. File p ELOJ 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, act, or unknown) | (If yes give wer or detas of service) Girlie Sammie Bieligk. Office along w burial-transit pr 18. CAUSE OF DEATH (finiar only one cause per line for (a), b), and ,c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: " in pencil i Office alor IMMEDIATE CAUSE (a)\_ Coronary occlussion r's Office s a burial-t removal, DUE TO Conditions, if any, which Coronary artery disease (6) pova rise to immediate cause **DUE TO** (a), steting the underlying 10 ਰ used ion PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1, 9) 19, WAS AUTORSY should be ital, cremati PERFORMED? writing the word e Chief Medical E Page 3 should be r to burial, cremai NO T 200 EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of Injury in Part I or Pert II of Item 18.) PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 20a. PLACE OF INJURY (Homa, farm, 20f. (City or town) (County) (Stelle) factory, street, office bldg., etc.) Not While the R. P. at work at work OB: 21. I certify that I took charge of the remains described above, held an Autopsy [ Inspection X Inquiry X and in my opinion slease execute the certific t should be forwarded to FUNERAL DIRECTO in its designated agent, p death resulted from: Natural causes 3 Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY DEPUTY MEDICAL EXAMINER EXAMINER'S BOYD, M.D. NAME (Typa) Address (Street, city, town, or county) 224. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or country) (Stele) REMOVAL (Specify) 8 40 Burial 62 Fort \_Cemetery Bladensburg 23. FUNERAL DIRECTOR 24a. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE VS. AISME (1. 19 mg & Treath W. Chambers Co., 5M 9,60 Riverdale, Md DATE

MARYLAND STATE DEPARTMENT OF HEALTH



HEALTH DEPT. Page TO DEPUTY ME CALL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral direct 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board or or its designated agent, prior to burial, cremation, or removal, and In any evaptive it. 7 hours after death. 1 VS. AISMETA

5M 9/60

1. PLACE OF DEATH

#### MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 02186

02203 MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH
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_			-		~ *	
2.	USUAL RESIDENCE (Whare	dacaased fiv	ad, If inst	lution Ra	s, dence bafora	admission)
	a, STATE	b.	COUNTY			
	Marvland		Pr	ince	Geor	ge s
	Maryl and	rporata umil	s, write RU	RAL and	give naurest to	wn)

	a. STATE b. COUNTY	
	b. CITY OR TOWN (If oulside corporate limits, write RURAL and give nearest town)  C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If oulside corporate timits, write RURAL and give nearest town)	rge's
_	Camp Springs D.O.A. Lanham	IS RESIDENCE
3.	Andrews Air Force Base Hospital 9447 Washington Boulevard West Market Day	ON A FARM? NO X
5.	(Type of print)  Carl Herman Blush DEATH February 24,  5. SEX [6. COLOR OR RACE   7. MARBIER   NEVER MARBIER   1 8. DATE OF BIRTH   9. AGE (in year) IF UNDER 1 YEAR IF UNDER	19 62 NDER 24 HRS.
104	5. SEX  6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UT test birthday) Months Days Hou Months Days Hou Months Days Hou 10a. USUAL OCCUPATION (Give kind of work done during most of working life, a year if realized)  10b. K.ND OF BUS NESS OR INDUSTRY 11. BIRTHPLACE (State or fore gn country)  12. CITIZEN OF WH.	rs Min.
	Electrician Construction District of Columbia U.S.A.	,
	Edwin Blush Gertrude McDonakd	
15.	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	
(11	(Yas, no, or unkown) (Hypesgive war or deles of service) 579-01-3164 Anna Marie Blush, same as # 2	
="	1 to Annahum Albania II.	L BETWEEN
	PART J. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) WYOCARDIAL TREARCTION	NO DEATH
	DUE TO SELECTED COMMENT	
	Conditions, fany, which b. DEUERE LORONARY HTHERUSCLERISIS	
	(a), staling the underlying DUE TO	
_	cause last. (c)  PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART (to) 19. WA	
TION	FI D	REPORMED?
CERTIF CA	TES TO PROPERTY OF UCAN THE STATE OF THE PROPERTY OF THE PROPE	NO 🖸
N V		
MEDIC	20c. IIM OF INJURY Month, Day Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Homa, farm, 20f (City or town) (County)  Hour a.m. Whita Not While factory, street, office bldg, etc.)  p.m. 19 at work at work	(State)
	21. I certify that I took charge of the remains described above, held an Autopsy 🔀 Inspection 🛣 Inquiry 🛣 and in m	y opinion
	death resulted from: Natural causes X, Accident . Suicide . Homicide . Undetermined manner .	
	CHIEF MEDICAL EXAMINER	
	ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER DATE	SIGNED
	EXAMINER'S DEPUTY MEDICAL EXAMINER 2/25	6/62
	NAME (Type) TAMEG T DOVD M D	
7	228. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country)  Burial (Sparty) 2-28-1962 Washington Hallonal Suitland, Marylon	(State)
23	23 FUNERAL DIRECTOR 246. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE	NAC
V	W.W. Chambers 600 Riverdalo, 41190 DATE MAR 1 '62	



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 02204 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if not lut on, Residence before edmission) . COUNTY Prince Georges Prince Georges MARYLAND c. CITY OR TOWN (If outside corporate I'm Is, write RURAL and a valuearest town) b. CITY OR TOWN (if outside corporete I mits, e. LENGTH OF STAY IN 16 write RURAL and give nearest town) Flintwood 5 davs d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) A. IS RESIDENCE ON A FARM? Prince Georges General Hospital Hvattsville ... YES TO NO T 3. NAME OF 4. DATE DECEASED Baby Boy Speher DEATH Feb 62 (Type or print) 9. AGE (In yeers HF UNDER I YEAR 16. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH IF UNDER 24 HRS. last b'rthday) Months 2 Feb 1962 Me le White WIDOWED DIVORCED IDe. USUAL OCCUPATION (Give kind of work physician 10b. KIND OF BUSINESS OR INDUSTRY 1 11. B RTHP, ACE (County & State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) U.S.A. Mary land 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please Mini Frank lyn Oscar Booher Mary Wayne Broucher aften 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) (Ifyes give war or detes of service) Mother Samo 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH el motive Birth (2#33) PART I. DEATH WAS CAUSED BY AMMEDIATE CAUSE (e) DUE TO Conditions, if any, which gave rise to immediate cause DUE TO (a), stating the underlying PART IL OTHER SIGN FIGANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? 93 NO F use 20a ACCIDENT WAS UNDERLYING L. OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED, lenter nature of injury in Part I or Part II of tem 18.) UF EITHER, NOTIFY MEDICAL EXAMINER 20c TIME OF INJURY 2Dd. NJURY OCCURRED | 2De. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) Month, Dev. Year tactory, street, office bidg , etc.) While Not While el work at work 19 62 to 2-7 19 62 that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from ... 2-2 .19 62..., and that death occured at 4.2%, Alm the causes and on the date stated above. saw the deceased alive 22b. DATE 220. SIGNATUR ATTENDING SIGNED PHYS. PHYS. DIRECTOR M.D. O HOSPITAL death. Page 4 22d. ADDRESS 22c PHYSICIAN S NAME (Type) 388 Montrose Avenue, Laurel, Maryland Albert Modlin director, p I 23d. LOCATION (City, town or county) 23a, BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23b DATE THEREOF REMOVAL (Specify OH Cheverly, Ma Crematio MOR Seo Cen Hospital ADDRESS 258. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 9/60 FEB 2 0 '62 E. July J. Proceed

MARYLAND STATE DEPARTMENT OF HEALTH



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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



death. Page 4 m. The particular of the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the strending physician and completely filled in the funeral director, page 3 should be detached for use as the buriat-transit permit. Then please remove carboth pages. Pages 1. "d 2 should be filled buriat-transit permit. Then please remove carboth pages. Pages 1. "d 2 should be filled buriat-transit permit. Then please remove carboth pages. Pages 1. "d 2 should be filled buriat-transit permit. Then please remove carboth pages. Pages 1. "d 2 should be filled with the State Dept. of Health prior to buriat, cremation, or removal, and in any event, within 72 hours effected. VR A15 4)

#### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND UZI30 02207

PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before edmission)
• county Prince Georges Mary	LAND D. C. STATE D. C.
b CITY OR TOWN (If outside corporate hmits, write RURAL and give nearest town)	
Glenn Dale (rural) 2 months	and Washington
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street addition	ess) d STREET ADDRESS e. IS RESIDENCE ON A FARM?
Glenn Dale Hospital	835 L6th St., N.E. YES NO NO
3 NAME OF Fish Middle DECEASED	Last 4 DATE Month Day Year OF
(Type or print) Emanuel -	Botts DEATH 2 20 19 62
5. SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIE	D 8 DATE OF BIRTH 9 AGE (In years If UNDER 1 YEAR IF UNDER 24 HRS
Male Megro WIDOWED DIVORCE	5/6/1888   73 ys. =   =   =
10a USUAL OCCUPATION (Give sand of work Job. KIND OF BUSINESS OF dona during most of working life, even if retired) VOOCHATO & LOT	INDUSTRY II. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT COUNTRY?
Porter District Bldg.	Mo. USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Frad Potts	Lenora Frakes
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOC AL SECURITY N. (Yes, no. or unkown) (Hyasgive war or dates of service) 177_01_3061	
100/(-0.00-1)/01	Decedent
18 CAUSE OF DEATH (Enter only one cause per line for e) (b), and (c	I ANGET AND DEATH
PARTI DEATH WAS CAUSED BY: Arterioscleroti	c heart disease Unknown _
DUETO	
Conditions, il eny, which (b)	
gava rise to immadiate causa DUE TO	
cause last	And the Allycher
Z PART II. OTHER SIGNER ANT CONDITIONS CONTRIBUTING TO PEAT	H BUT NOT REATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1.0), 19 WAS AUTOPSY PERFORMED?
Scerebral arterios lerosis decubiti	buttocks and feet
OR CONTRIBUTING CAUSE OF DEATH	OCCURED. (Entar natura of in ury in Part I or Part I of Itam 18 )
	20a PLACE OF INJURY (Homa, Farm. 20f. [Gity or fown] (County) (Stata)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not While at work et work	20a, PLACE OF INJURY (Homa, Farm, 20f. [City or fown] (County) (Stata) factory, streat, office bidg., etc.)
	201/1
21 I certify that (I) (this hospital) attended the decease	d from. 12/6/
	and that death occured at pM, from the causes and on the date stated above.
220. SIGNATURE	ATTENDING MED STAFF SIGNED
22c PHYSICIAN'S	M.D. PHYS DIRECTOR PHYS. 2/27/62
NAME Type Moe Weiss, M.D.	Glenn Dale Hospital Glenn Dale, Md.
23a. BURIAL, CREMATION, 236 DATE THEREOF 23c. NAME OF CO	EMETERY OR CREMATORY 123d. LOCATION (C by, lown or county) (Stata)
REMOVAL (Spacify)	
BURIAL 2.23.62 LINCOLN  ADDRESS  ADDRESS	MEM. CEM. SUITLAND, MARYLAND  1, 250. REC'D BY REGISTRAR - 250. REGISTRAR'S SIGNATURE
Walst Dmelling 1872	St-Nilar FEB 23 '62   Cither S. Thomas
WASHIN	GION. D.C
***************************************	V V V V V V V V V V V V V V V V V V V



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 PRESTON STREET, BALTIMORE 1, MARX CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where decaesed lived, If institution, Residence before admission) 1. PLACE OF DEATH COUNTY b, COUNTY MARYLAND c CITY OR TOWN If outside corporata limits, write RURAL and give nearast fown) end give neerest town d. NAME OF HOSP TAL OR INSTIT d STREET ADDRESS letely 3. NAME OF DATE DECEASED DEATH (Type or print) pou 5. SEX AGE (In years UF JNDER 1 YEAR) 7. MARRIED NEVER MARRIED pue last birthday) Months WIDOWED D YORCED February 11, 1902 10a USJAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY гетоме 106. KIND OF BUSINESS OR INDUSTRY 11 BRTHPLACE (County & State, or foreign country) done during most of working life, even if relired. phy 14. MOTHER'S MAIDEN NAME Eliza Tamas `enton ... Bræinen 15. WAS DECEASED EVER IN J.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address (Yes, no, or unkown) | (If yes give wer or deles of service) Frs. Lary ... Drannen --01-09-5111 18. CRUSE OF DEATH [Enter only one causa per tine for (a) (b), and (c) Occho Usdon PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, 'f any, which gave rise to immadiata cause DUE TO (a), steting the underlying PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDIT ON G VEN N PART 1(0) 19. WAS AUTOPSY 206. ACCIDENT WAS JNDERLYING [ ] 206 DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Port I or Part II of tem 18., OR CONTRIBUTING \_ CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAM.NER) 20c. TIME OF INJURY Month, Dev. Year 20d, INJURY OCCURRED | 20s PLACE OF INJURY (Home, farm. 20f (City or town) (County) factory, street, office bldg., etc.) While Not While Hour a.m. al work et work p.m. 21. I certify that (1) (this hospital) attended the deceased from 2. 5 196 7 that (1) (we) last saw the deceased alive on . 22e. SIGNATURE ATTENDING DIRECTOR PHYS. PHYS. M.D FUNERAL 22d ADDRESS 22c. PHYSICIAN'S NAME (Type) 1 23d. LOCATION (City, fown or county) 23a. BURIAL, CREMATION, 236 DATE THEREOF NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) wir dens 8.6 in dorf 0 25a. REC'D BY REGISTRAR | 25b. REGISTRAR 24 EUNERAL DIRECTOR'S SIGNATURE **YR A15 (4)** 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

e. IS RESIDENCE

IF UNDER 24 HRS.

INTERVAL BETWEEN

ONSET AND DEATH

day

war

PERFORMED? NO L

(State)

22b. DATE

SIGNED

ON A FARM? YES NO Z



YLAND STATE DEPARTMENT OF HEALTH PRESTON STREET, BALTIMORE 1, MARYLAND Division of STATISTICAL RESEARCH MEDICAL EXAMMER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if institution Russid new before admission) A. COUNTY a. STATE b. COUNTY Prince George's MARYLAND Prince George's Maryland Prince George City OR TOWN (If ouls de corporate limits, write RuRAL and give neerest town b. CITY OR TOWN (I outside corporate lim is, . c. LENGTH OF STAY IN 16 Cheverly Riverdale d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress d STREET ADDRESS . IS RESIDENCE ON A FARM? George's General YES NO F Hospita Prince 5409 Powhatan Road DATE 3. NAME OF Year DECEASED OF DEATH February (Type or print) Chancellor Long 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years HE UNDER I YEAR IF UNDER 24 HRS. 5. SEX B DATE OF BIRTH lest birthday) Months 1 WIDOWED -DIVORCED 106. KIND OF BUSINESS OR INDUSTRY THE BIRTHPLACE (STOPE 10a. USUAL OCCUPATION [Give kind of work 12 CITIZEN OF WHAT COUNTRY! done during most of working life, even if retired) Confectionery Virginia MOTHER 5 MAJDEN NAME U.S.A. Salesman form P t. File I UNKNOWN Emmit Merchant Brawner 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT
(Yes, no, or unkown) (Ifyesg'vewerordelesofservice) Same as #2 214-12-7020 Chancellor Alfred Brawner 18. CAUSE OF DEATH (Enter only one cause per I no for (e), (b), and (c), i INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Pulmonary embolism IMMEDIATE CAUSE (a) Fractured left hip Conditions, if any, which gave rise to immediate cause DUE TO (e), stating the underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART ILO 19 WAS AUTOPSY PERFORMED? 8 NO A 20a. EXTERNAL CAUSE WAS PRIMARY DL or CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Pert II of Item 18 1 Chief Mes age 3 short to burial, CALSE OF DEATH. Month, Dey, Year 20d, NJURY OCCURRED 200, FLACE OF NJURY (Home, Farm, 20f (City or lown) 20c. TIME OF INJURY (County) (State) fectory, street, office bldg., etc.) Hour XX Home Riverdale DIRECTOR Inspection 😿 , Inquiry & 21, I certify that I took charge of the remains described above, held an Autopsy and in my opinion Homicide Undetermined manner death resulted from Natural causes Accident ye Suicide CHIEF MEDICAL EXAMINER [ slease execute the should be forward by FUNERAL DIS ACTUAL. ASSISTANT MEDICAL EXAM NER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) JAMES Address (Street, city, town, or county 226 DATE THEREOF g 40 g 201 2 6 '62 VS. A15ME-



# e funeral 2 should death filled in E TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 death. Page 4 may "retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in director, page 3 should be detached for use as the bural-transit permit. Then please remove carbon papers. Pages 1 is befiled with the State Dept of Health prior to burial, cremation, or removal, and in any event, within 72 hours after

VR A15 (4) 1SM 9/60

hours after

#### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

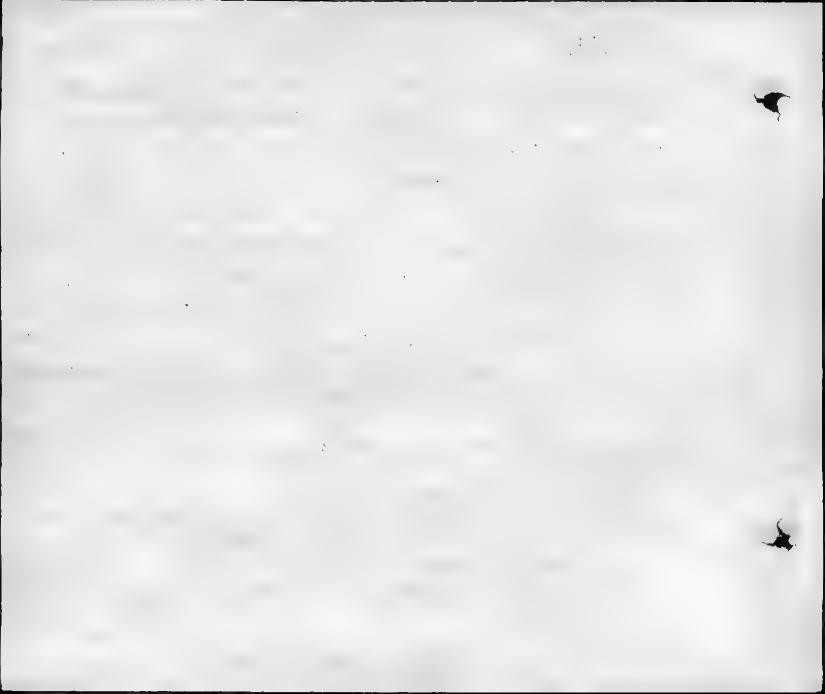
-						
4	02210	C	ERTIFI	CATE	OF I	DEATH

02193

		+ CO NIX .		id, If institution: Residence before admission)
		PRINCE GEORGE'S MARYLAND	MARYLAND	PRINCE GORGE
1	)	h <del></del>	Y OR TOWN (If outside corporate om ts,	write RURAL and give nearest town)
_		SILVER SPRING, MD 224EARS	SILVER SPRIN	vig
	1		REET ADDRESS	IS RESIDENCE     ON A FARM?
7	1		DOI NEW HAMPSI	
		3. NAME OF First Middle C	ost 4 DATE (	Month Day Year
		(Type or print) LAWRENCE THOMAS BRED		B. 9 1967
	S	S SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED B DATE OF	BIRTH 9 AGE IIn	years IF UNDER 1 YEAR IF UNDER 24 HRS
	,	MALE WHITE WIDOWED DIVORCED TUNE	16, 1911 50	day) Months Days Hours Min
		10a US_AL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11 BRT done during most of working life, even if retired)	AP NOE (County & Stall or form on cou	ntry) 12 CITIZEN OF WHAT COUNTRY?
			EN JERSEY	U.S.A.
-	13	13 FATHER'S NAME 14. MOTH	IER S MA DEN NAME MAILE MAIL	DEN NAME
		FREDERICK BREDIGER 1 K		KENNYL ARATA
1		15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17, INFORMA: Yes, no, or unknown) (Ifyasgiva warordatasofsary ca.		Idress 1 An a 87 Haca
			STEPHEN . Miss.	SERVANTS TRINITA
		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH
		PART I DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (B)  CORON ARY  OC	CLUSION	15 MIN
		DUE TO		
		Conditions, any, which (b) CORONARY ATHE	ROSCLEROSI	S YEATS
		gave rise to immediate cause (a), stating the underlying DUE TO		
		cause last,		1
	Z O	PART II. OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED	TO THE TERMINAL DISEASE CONDITION	N GIVEN IN PART 11-1 19. WAS AUTOPSY PERFORMED?
9	CATION	5 HYPERTENSIVE CARDIOVASCULA	HE DISGREE	YES NO
				)
	CERTIF	OR CONTRIBUTING CAUSE OF DEATH   UT STATE OF D		
	3	3 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20a, PLACE OF INJU		(County) (State)
	MEDICAL	Hour a.m. While Not While rectory, street, of the p.m. 19 at work at work	ffica bldg., etc.)	
		21.   certify that (I) (this hospital) attended the deceased from Fe6;	4 1853 to FEB	9 196. that (I) (we) last
				uses and on the date stated above.
		22s. SIGNATURE		22b. DATE
		Jamasa. Keleuts M.D PHYS.	DIRECTOR PHYS.	FEB. 9, 1962
	'		ADDRESS	
		NAME (Type, JAMES A ROBERTS M.D. 184	107 GEORGIA AVE	. SILVER SPRING, MD
	23a	238 BURIAL CREMATION, 236, DATE THEREOF 236, NAME OF CEMETERY OR CREMA	TORY 234 LOCATION (Cil	ly, town or county) (State)
		Birial 2-14-62 Poly Trinity Cemete	Holy Trinit	Alabama Alabama
	24	24 FUNERAL DIRECTOR'S SIGNATUR Country ( 2 ADDRESS 34 Georgia 1	ATTO 250. REC'D BY REGISTRAR 256	REGISTRAR'S SIGNATURE
	Na	Warner E. Pumphrey, Inc. Silver Spring, Md.	IDATE FEB 1 4 '62	K when S. Krama



STREET, BALTIMORE 1. MARYLAND Firm Gaub 2. USUAL RESIDENCE (Whara daceased I yad, If institution Residence before admission) . PLACE OF DEATH COUNT) c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) J. NAME OF DECEASED (Typa or print) IF JNDER TYEAR WIDOWED 1 12, CITIZEN OF or loraign country) ò Address PART I, DEATH WAS CAUSED BY. REBROUASCULAR ACCIDED IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave risa to immadiata ceusa. a), slating the undarlying PART I OTHER'S GNIF. CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO 🗷 206 DESCRIBE HOW INJURY OCCURED (Enter pring) OR CONTRIBUTING TO LAUS. 20e. PLACE OF INJURY (Homa, farm, 20f. (City or town) and that death occured at 25 from the causes and on the date stated above. saw the deceased alive on... 22a. SIGNATURE SIGNED PHYS. FUNERAL 22d. ADDRESS 22c. PHYSICIAN'S 23a, BURTAL, CREMATION, 23b. 25a, REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VIII A15 (4)



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARC STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution, Residence before admission) a. COUNTY , b. COUNTY PRINCE GEORGE
b, CITY OR TOWN lift outside corporatel mis. C CITY OR OWN (If outs de corporate : mits, write RURAL and give neapest town) E LENGTH OF STAY IN 16 write RURAL and give nearest fown) A 22 R E L NAME OF HOSP TAL OR INSTITUTION , I not in hospitel, give street address, . IS RESIDENCE YES NO 3 NAME OF DECEASED DEATH (Type or print) AGE (In years IF UNDER I YEAR IF UNDER 24 HRS. last birthday) Months DIVORCED | JUNE 28 1903 W DOWED 58 YIS. 1 ICa. USUAL OCCUPATION IGINA kind of work 10b, KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (County & State) 12 CITIZEN OF WHAT COUNTRY? or foreign country) LABORER EDWARD BROCKS
15 WAS DECEASED EVER NUS. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT (Yes, no. or unkown) | (If yes give war or dates of service) 18 CAUSE OF DEATH [Enter only one cause per line for (a) (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause DUE TO (a), stating the underlying cause last. PART J. OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDIT ON GIVEN IN PART [181] 19. WAS AUTOPSY 206. ACCIDENT WAS UNDERLYING \_\_\_\_ 206. DESCR BE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of Item 18 )
OR CONTRIBUTING \_\_\_ CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER 20c, TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20g. PLACE OF INJURY (Home, farm, 20f. (City or town, (County) factory, street, office bldg., etc.) While Not While at work at work .6..... 196/, to 2/2 ..., 196. 2that (I) (we) last 21. I certify that (I) (this hospita) attended the deceased from. A.

phy .⊑ Then please the မီ ဝ VR A15 (4) 15M 9/60

22c. PHYSICIAN'S

NAME (Type)

23a. BURIAL, CREMATION, 2361 REMOVAL (Specify)

saw the deceased alive on 22a S GNATURE

NAME OF CEMETERY OR CREMATORY

PHYS.

22d. ADDRESS

STAFF

PHYS.

19 & and that death occured at A. A.M., from the causes and on the date stated above

DIRECTOR |

PERFORMED? NO

(Stata)

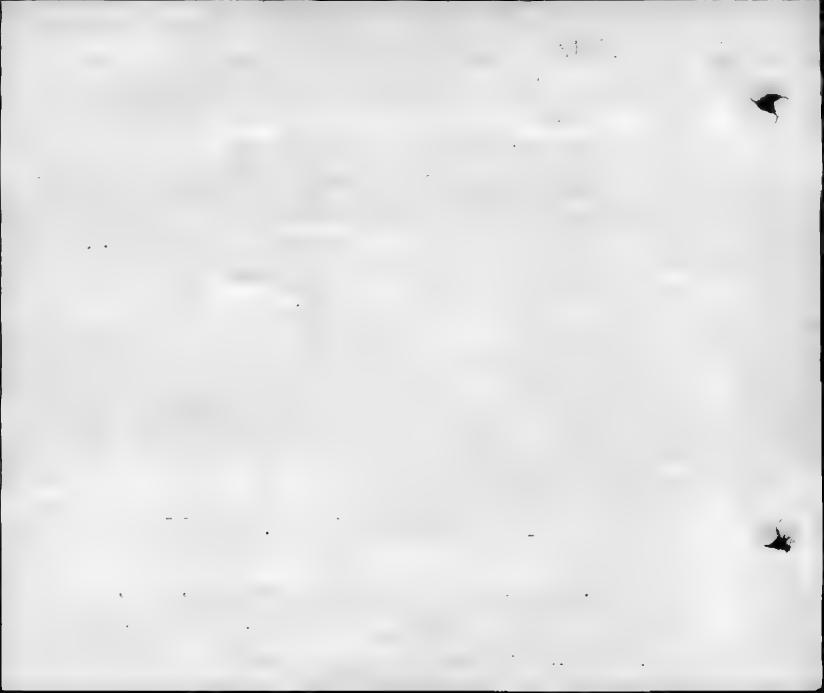
22b. DATE

SIGNED

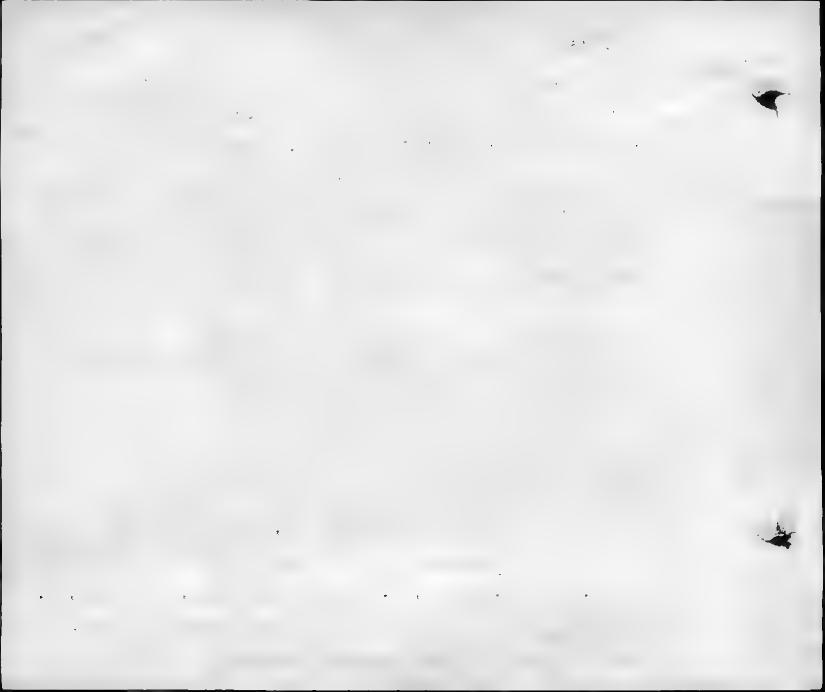
ON A FARM?



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MAR CERTIFICATE OF DEATH Item 15 Film G310 . PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Rasidence before admission) a COUNTY b. COUNTY Prince Georges a. STATE Prince Georges MARYLAND b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) E. LENGTH OF STAY IN 16 write RURAL and give nearest town) Cheverly 12 hrs Upper Marlboro within d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) IS RESIDENCE d. STREET ADDRESS ON A FARM? Box 3805 Prince Georges General Hospital YES NO 3. NAME OF 4. DATE Day DECEASED (Type or print) DEATH Baby Girl Feb 6 19 62 Br own 6. COLOR OR RACE 7. MARRIED NEVER MARR ED 9. AGE (In years IF UNDER 1 YEAR) IF JINDER 24 HRS. 5. SEX DATE OF BRITH last birthday) Months Days Min Female Black Feb WIDOWED D VORCED TOA. USUAL OCCUPATION (G va kind of work 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY 11 BRTHPLACE County & State or foreign country) done during most of working I fe, even if retired, rem U.S.A. None Maryland s attending ph Then please r oval, and in a 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Hermand Bernard Pauline James Duckett Br own 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT Address (Yes, no, or unkown) | (Ifyasgive war ordates of service) Mother Same as above 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) ) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (6) gave rise to immediate cause DUE TO (a), stating the underlying PART II. OTHER SIGN F. CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.) 19. WAS AUTOPSY Φ PERFORMED? NO 20a, ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of nury in Part I or Part II of Itam 18) OR CONTRIBUTING CAUSE OF DEATH | 20d, INJURY OCCURRED | 20e PLACE OF INJURY (Home, farm, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year (County) factory, street, office bldg , etc.] Not While Hour a.m. at work at work . .2-6- . . , 19. 62 that (I) (we) last 19 62. to 21. I certify that (I) (this hospital) attended the deceased from 2-610. The prom the causes and on the date stated above. saw the deceased alive on. 62, and that death occured at 27b. DATE 228 SIGNATURE S GNED ATTENDING STAFE PHYS, DIRECTOR PHYS death. Page 4 reference, page 3 be filed with the 22d ADDRESS 22c. PHYSICIAN S NAME (Type) Dr. Albart J. Mod1 in 388 Montrose Avenue, Laurel, Maryland (State) 23a. BURIAL, CREMATION, 23b DATE THEREOF 1 23c. NAME OF CEMETERY OF CREMATORY 23d. LOCATION ICity, town or county! REMOVAL (Specify) Prince Coorde's Ceneral Hosp. Thevorly. Drematzi on 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS VR A15 141. ( Il is a Thomas 15M 9/60



ESTON STREET, BALTIMORE 1, MARYLAND OF DEATH Film 3507 -2/21/62-1 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I vad, If institution, Residence before edmiss on) b. COUNTY e. COUNTY Prince Georges b. CITY OR TOWN ( f outs de corporate aim ts, c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) & LENGTH OF STAY IN 15 write RURAL and give neerast town) Cheverly davs Mi tohells ville IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION, if not in hospita, give street address d STREET ADDRESS ON A FARM? Prince Georges General Hospital Box 26 YES NO 3 NAME OF 4 DATE DECEASED OF (Type or print) Debbrah DEATH Par own Feb 9. AGE (In yaars | IF UNDER 1 YEAR IF UNDER 24 HRS. 6 COLOR OR RACE 7, MARRIED NEVER MARRIED fast birthday) Hours Months Days Fomale Black WIDOWED [ DIVORCED [ 10a. USUAL OCCUPATION (Give kind of work physician 1 12. C TIZEN OF Y A A OUNTRY? IDb. KIND OF BUSINESS OR INDUSTRY dona during most of working life, even if retirad) Washington, D.C. None Eattending pl Then please oval, and in a 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Irene Hamilton James L 15. WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT A dress (Yas, no, or unkown) | (If yes give war or detay of sarvica) 18. CAUSE OF DEATH [Enter only one cause pentine for ,a), (b), and (c) ONSET AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO gave rise to immediate cause DUE TO (e), stating the underlying cause last. PART II OTHER SIGN FIGANT COND TONS CONTRIBLE NG TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1,0), 19. WAS AUTOPSY 20a ACCIDENT WAS UNDERLYING [] | 20b DESCRIBE HOW INJURY OCCURED, (Enter netura of in ury in Part I or Part I of 'tem 18.1' OR CONTRIBUTING [ ] CAUSE OF DEATH TIE FITHER, NOTIFY MED CAL EXAMINER 2Dd INJURY OCCURRED 20a P.ACE OF INJURY (Homa, farm, 20f. (City or town) (County) (Siefe) 20c. TIME OF INJURY Month, Dey, Yeer factory, straat, office bldg., etc.) While Not While Hour e.m. at work at work p.m. 21. I certify that (I) (this hospital) attended the deceased from 8 Feb 19 62 to .... 19.6.2. that (1) (we) last 1962 , and that death occurred at 45 MR from the causes and on the date stated above saw the deceased alive on.... 22b. DATE 22e. SIGNATURE SIGNED ATTENDING DIRECTOR PHYS, FUNERAL 22c, PHYSICIAN'S 4500 College Avenue, College Park, Md. Holbrook. 23a, BUR, AL, CREMAT ON, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town or county) (State) REMOVAL (Specify) y FAMILY Church ( ami O 25% REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE VR A15 (4) 15M 9/60



15M 9/60

64

#### MARYLAND STATE DEPARTMENT OF HEALTH

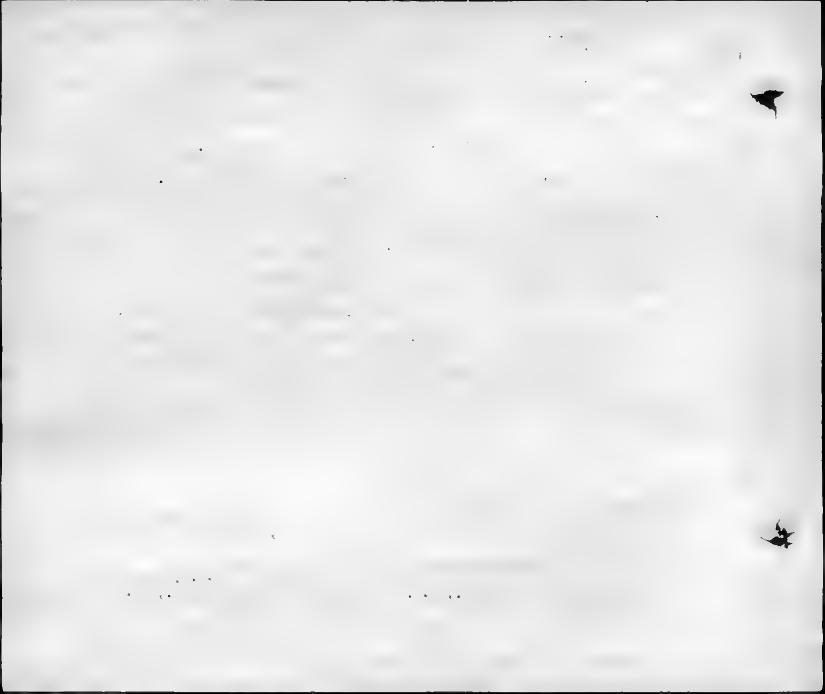
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

02138

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before edmissio
e. county Prince George's Manyland	a. STATE b. COUNTY Mary land Prince George's
Prince George's MARYLAND b. CITY OR TOWN (if outs de corporete limits, c LENGTH OF STAY IN 1b	Mary land Prince George's  c CITY OR TOWN (If outs de corporate imits, write RURAL and give nearest town)
write RURAL and give necrest lown) Chever ly 3 days	4 /Mt. Rainier
d. MAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address	d. STREET ADDRESS , a. IS RESPOENCE
Prince George's General Hospital	3837 34th Street
3. NAME OF Frst Middle DECEASED	Last 4. DATE Month Day Year
(Typa or pr.nt) Milton	Bunch   DEATH February 15 19 62
5. SEX 6. COLOR OR RACE 7, MARRIED NEVER MARRIED	B. DATE OF BIRTH  9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS test birthday)  Months   Dave   Months   Months   Dave   Months   Months
Male White WHOWED N DIVORCED	8-1-1872 89 yrs. Months Days Hours Min.
done during most of working life, even if retired)	RY 11. B RTHPLACE (County & Stele, or foreign country) 12. CITIZEN OF WHAT COUNTR
Retired	Unknown U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Unknown	Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO. 17.	INFORMANT Address
Unknown (lifyes give wer or detectof service)	Hospital Records Same as #1
IB. CAUSE OF DEATH [Enter on y one couse por ine for (e), (b), and (c,.,	1 INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	Three cleroses links
	TOTOTOGIC
DUE TO	
Conditions, if any, which (b)	
(a), sleting the underlying DUE TO	
cousa lest. (c)	
Z PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPS: PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	YES NO .
華 200. ACC DENT WAS UNDERLYING [ ] 20b. DESCRIBE HOW HOURY OCCURE	D. (Enter nature of in ary in Part I or Part II of Item 18.)
20c. T ME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PL. Hour a.m. While Not While fee	ACE OF .NJURY (Home, ferm, 20f. ,City or town) (County) (Stete) ctory, street, office bldg., atc.)
Hour a.m. While Not While p.m. 19 el work at work	iory, meet, onice mage, area
	2-12-62, 19, to 2-15-62, 19, that (I) (we) la
	t death occured ai31.154, from the causes and on the date stated above
22e SIGNATURE	P. M. 22b. DATE
15114 1	ATTENDING MED. STAFF
no name of high	N.D. PHYS. DIRECTOR PHYS.
NAME (Net Dr. Robert B. G. Sassoer	R.F.D. Box 2150, Upper Marlboro, Md.
238. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 236, LOCATION ,City, town or county) (Stata)
Bunnal (Specify) 2/22/62 Ft. Lincoln	n Colmar Manor, Md.
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a, REC'D BY REGISTRAR   25b REGISTRAR'S SIGNATURE
	Marylandont FEB 23 '62 Curun d. Truns



MARYLAND STATE DEPARTMENT OF HEALTH TISTICAL RESEARCH AND RECORDS STREET, BALTIMORE 1, MARY 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before admission) PLACE OF DEATH b. COUNTY Prince Georges e. COUNTY Prince Georges MARYLAND c. CITY OR TOWN (If outside corporate I m ts, write RURAL and give necrest town) b. CITY OR TOWN (if outside corporate limits, c LENGTH OF STAY IN 15 write RURAL and give necresi town) Chever lv Cedar Heights d NAME OF HOSPITAL OR INSTITUTION (if not in hospital), give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? 1011 Prince Georges General Hospital 62nd YES NO X 3 NAME OF DECEASED OF DEATH (Type or print) Burley 13 Marv 1962 " INDER 1 YEAR I IF UNDER 24 HRS. 6 COLOR OR RACE T. MARRIED TO NEVER MARRIED 8. DATE OF BIRTH last birthday] Months Black Female WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 13. FATHER'S NAME 1 16 SOCIAL SECURITY NO. 17 18. CAUSE OF DEATH [Enter only one cousa per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: MMED ATE CAUSE (a) Conditions, if any, which gave rise to immadieta causa DUE TO (e), stating the underlying PART I OTHER'S GN F CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8): 19. WAS AUTOPSY PERFORMED? 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW NIURY OCCURED. (Enter neture of injury in Part I or Part II of itam 18) 2Dc. TIME OF INJURY Month, Dey, Yeer 20d, INJURY OCCURRED | 20e, PLACE OF IN-JRY (Home, farm, ' 20f. (City or town) (County) (Stelle) factory, street, office bldg., etc.) While \_\_Not While Hour a.m. at work at work 21. I certify that (I) (this hospital) attended the deceased from 12 Feb ......, 1962, to 13 Feb ....., 1962., that (I) (we) last . , and that death occurred at 2,30% from the causes and on the date stated above Feb 1962 saw the deceased alive on 22b. DATE 22. S GNATJRE ATTENDING SIGNED PHYS. DIRECTOR PHYS. Z FUNERAL R.F.D. Box 2150 22d. ADDRESS 22c. PHYSICIAN'S .Robert Sasscer. M.D. Upper Mariboro.. Md. 238. AURIAN, CREMATION, 236 DATE THEREO 23c. NAME OF CEMETERY OR CREMATORY 1 23d. LQCATION (City, town or county) REMOVAL (Specify) 0 25a. REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE 24 FUNERAL BIRECTOR'S SIGNATURE VR A15 (4) 15M 9/60



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may retained by the hospital or attending physician.

TO FUNERAL DIR CTOR: After this cert if cale has been signed by the attending physician and completely filled in B. he funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 a 12-chould be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after deaths.

VR AIS (4) 15M 7/61 OK

### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 02217 CERTIFICATE OF DEATH 0221,0

1. PLACE OF DEATH	1 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission)
Prince Georges MARYLAND	a. STATE D. C. b. COUNTY
b. CITY OR TOWN (if outside corporate limits, write RURAL and sive nearest town) 5 MONTHS and	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town
Glenn Dale (rural) 28 days	Washington 41x 2
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d STREET ADDRESS IS RES DENCE
Flenn Dale Hospital	644 Eye St., S.E. YES NO X
3. Name of First Middle	Lest 4. DATE Month Dey Year
(Type or pant) Alexander -	Burnside DEATH 2 8 19 62
5 SEX 6 COLOR OR RACE 7, MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years I.F UNDER 1 YEAR   IF UNDER 24 HRS.
Male Negro WIDOWED WIDOWED DIVORCED	14/3/1884 77 yrs. Months Days Hours Mn.
10s. USUAL OCCUPATION (Givs kind of work done during most of working life, even if retired)	RY 11. BIRTHPLACE (County & Stele, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Rotired laborer Unknown	S.C. USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Joe Burnside	Eloise ?
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16 SOCIAL SECURITY NO. 17.	
Unknown (Hyesgivewerordatesofservica) 579-18-1736	Decedent
18. CRUSE OF DEATH  Enter only one cause per line for (e), (b), and (c).	INTERVAL BETWEEN
PART I DEATH WAS CAUSED BY	ONSET AND DEATH
immediate cause for Pulmonary embolus	L day
Conditions, if eny, which the Phlebothrombosis	of femoral and iliac vessels Unknown
pava rise to immediate cause	of remotat and fittac Aessers mivnown
(a), steting the underlying DUE TO	
couse last. (c)	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(2) 19. WAS AUTOPSY
	Titues compared and enteriogal amonda PERFORMED?
206. ACCIDENT WAS UNDERLYING [ 206. DESCRIBE HOW INJURY OCCURE OR CONTRIBUTING [ CAUSE OF DEATH   U (FETTHER, NOTIFY MEDICAL EXAMINER)	D. (Entar neture of injury in Pert I or Pert 11 of item 18.)
3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL	ACE OF INURY (Home, farm, 20f. (City or town) (County) (Siete)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL While Not While 19 work at work at work	ctory, street, office bldg., etc.)
	8/11/, 1961 <sub>(8</sub> to
saw the deceased alive on 2/8/19 .62, and that	t death occured at
22e. SIGNATURE	22b DATE
Moe When	ATTENDING MED. STAFF PHYS. DIRECTOR N PHYS. 2/8/62
22c. PHYSICIAN'S	
Moe Weiss, M. D.	Glenn Dale Hospital Glenn Dale, Md.
233 BURBAL CREMATION 236 DATE THEREOF 23C NAME OF CEMETERY	
Burial 29/62 Lincoln N	Temorial Suitland MA
24 FUNERAL DIRECTOR'S SIGNATURE William Stampler ADDRESS	D.C 250, REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
Spangler for Home + 524-8	JE DATE FEE 13 '62 ( : - 8. Time



TISTICAL RESEARCH AND REC RESTON STREET, BALTIMORE 1. MARYLAND F DEATH ERTIFICATE Items 1 2. USUAL RESIDENCE (Where deceased I ved finantial on: Residence before edmission) 1. PLACE OF DEATH a. COUNTY e. STATE gince Geo bosh, Checente MARYLAND c CITY OR TOWN (If outs de corporate I m Is write RURAL and give neerest town) b. CITY OR TOWN (if outside corporale limits, c. LENGTA OF STAY IN 15 Village d. NAME OF HOSPITALOK INSTITUTION IN not IS RES DENCE ON A FARM? YES NO Forest Prince George's Gen. Hosp. DATE Year Middle DECEASED DEATH (Type or print) 1962 GON 7. MARRIED NEVER MARRIED 1 8 DATE OF BIRTH AGE (In yes IF UNDER 1 YEAR) IF UNDER 24 HRS. 5 SEX 6. COLOR OR RACE last birthday) WIDOWED DIVORCED [ 10e. USUA, OCCUPATION (Give kind of work , 105 KIND OF BUSINESS OR NOUSTRY . IL BIRTHP 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Salesman 13. FATHER'S NAME 14. MOTHER S MA DEN NAME UNKNOWN UNKNOWN 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOC AL SECURITY NO (Yes, no, or unknown). (If yes give we not detes of service) 18. CAUSE OF DEATH [finier only one ceuse per liperfor (e), (b), end (c).] PART I. DEATH WAS CAUSED BY: 4 dans IMMED ATE CAUSE (+) DUE TO Coronary artire Desease Conditions, if any, which geve rise to immediate cause DUE TO (a), stating the underlying PART II OTHER SIGN F. CANT CONDITIONS CONTRIBUTING TO CEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? 200. ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW YES NO Pullingrea Tylat .

20b. DESCRIBE HOW NICRY OCCURED (Enfor noture of injury in Part or Part II of Iem 18 IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. NJURY OCCURRED 200 PLACE OF INJURY (Home, farm, 20t. (City or lown Month, Day, Year (County) 20c. TIME OF INJURY factory, street, office bldg., etc.) White Not While et work at work 21. I certify that (1) (this hospital) attended the deceased from 1. 2.4 . , 19 62 to 2 - 13 . 19.6. Zuhat (1) (we) last saw the deceased alive on 2-13 ...... 19... 6. Z and that death occured at CAM, from the causes and on the date stated above. 225. DATE 220 S GNATURE STAFF SIGNED ATTENDING DRECTOR PHYS. PHYS. FUNERAL 22d, ADDRESS 22c. PHYSICIAN S' 230 BURIAL, CREMATION, 236 DATE THEREOF 236. NAME OF CEMETERY OR CREMATORY 1 23d LOCATION (City Townsor county) E 28 0 VR A15 [4] 7



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH 02219 Reg Dist No 22 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) COUNTY b CITY OR TOWN (If outside corporate c. CITY OR TOWN (If outside corporate limits, write RURAL and (are nearest town) d. NAME OF HOSPITAL (If not in haspital, ON A FARM? RYES NO OF DEATH S 9 AGE /In years 7. MARRIED THE IF UNDER YEAR IF UNDER 24 HRS Months DIVORCED | (n Gyn BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? 13 FATHER'S NAME 14 MOTHER'S MANDEN NAME Unknown INFORMANT CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c) INTERVAL BETWEEN ONSET AND DEATH DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if any which gave rise to immediate DUE TO couse (a), stoting the underlying couse last PART II. OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THETERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO IA 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f (City or town) Day, Year 20d. INJURY OCCURRED (County) (Stote) factory, street, office bldg , etc.) Hour o m. While Not while

200 ACCIDENT WAS UNDERLYING DOR CONTRIBUTING DO CAUSE OF DEATH

p m.

a COUNTY

NAME OF

S. SEX

MEDICAL

ACTUAL

SIGNATURE

PHYSICIAN'S NAME (Type)

220 BURIAL, CREMATION,

Burial Specify)

DECEASED

(Type or print)

21. I certify that I attended the deceased from alive an

And I last saw the deceased that death occurred at \( \frac{2}{2} \cdot \text{A} \text{A} \), from the causes and on the date stated abave. ADDRESS (Street, city or

22d LOCATION (City/town, or county)

24n, REC'D BY REGISTRAR

24b REGISTRAR'S SIGNATURE

23 FUNERAL DIRECTOR'S SIGNATURE

**ADDRESS** 

22c. NAME OF CEMETERY OR CREMATORY

at work at work

Ritchie Bros. Fun'l Home-Upper Marlboro, DATE FEB 1 4'62

FUNERAL DIRECTO prior 3 shauld 0 VS A15 (4) **ISM 9/SB** 

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physician

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before edmission) a. COUNTY b. COUNTY Prince George s Prince George's MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) write RURAL and give nearest town) Carmady Hills direct CarLody Hills years d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) d STREET ADDRESS a. IS RESIDENCE ON A FARM? 302 73rd Street YES NO 4 Street 3 NAME OF Middle 4. DATE DECEASED Herbert Collier Coale (Type or print) DEATH February ₩Ith 6 COLOR OR RACE 7, MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. may 2 with age 5 may 1 and 2 wii 72 hours last birthday) and Months Male WIDOWED [ DIVORCED S Nov. 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Page 1 Insurance Salesman Insurance U.S.A. ve Pages PM3. Pax Maryland File pages 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Charles Ralph Coale Lillian Shepherd 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO | 17, INFORMANT ^4530 31st Street NE (Yes, no, or unkown) (If yes give war or detas of service) NO Thelma Louise Coale, Ngs.ington D.C 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) INTERVAL BETWEEN guo ONSET AND DEATH PART I. DEATH WAS CAUSED BY Hemorrhage and shock IMMEDIATE CAUSE (a) DUE TO certificate should Gun shot wound of the head Conditions, if env. which geve rise to immediata cause Φ DUE TO (a), slating the underlying 95 Examiner used cremation, PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19. WAS AUTOPSY PERFORMED? NO T should lial, crem 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of Injury in Part I or Port I) of Item 18) PRIMARY TO OF CONTRIBUTING TO Shot self in the head, while in his home Chief age 3 of burit 20d. INJURY OCCURRED ' 20e. PLACE OF INJURY (Home, form, 20f. (City or town) please execute the dert licate, writing thought to the China Should be forwarded to the China Prove Page or its designated agent, prior to but its designated agent, prior to but the statement of the statement o Month, Day, Year (County) While Not While factory, street, office bldg., etc.) 19 62 al work al work Carmody Hills Home 21. I certify that I took charge of the remains described above, held an Autopsy | ]. Inspection X. Inquiry X and in my opinion death resulted from-Natural causes Accident Surcide X. Homicide Undetermined manner CHIEF MEDICAL EXAMINER DEPUTY ME ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE . DEPUTY MEDICAL EXAMINER EXAMINER'S BOYD, M.D. NAME (Type) Address (Streat, city, town, or county) 22a, BURIAL, CREMATION / 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 1 22d LOCATION (City, lown, or country) (Steta) REMOVAL (Specify) 409 burial Ft. Lincoln Cemetery Pr. Geo. Co., Maryland ADDRESS Wash. D. C. 246 REC'D BY REGISTRAR | 246, REGISTRAR'S SIGNATURE VS. ATSME The S.H. Hines Co., 2901 14th St. N.W. 5M 9/60 9 Thous & v DATEER 6



The law requires that the death certificate be executed within 24 hours after TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 death. Page 4 mat 9 fetained by the hospital or attending physician.

TO FUNERAL DINACTOR: After this certificate has been signed by the attending physician and completely filled in idirector, page 3 should be detached for use as the burial-fransit permit. Then please remove carbon, pages: Pages 1 be lifed with the SMMM Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after

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CERTIFICATION

MEDICAL

		A	AARYLAND STATE	D	EPARTMENT	OF HE	ALTH	1		
		02221	RESEARCH AND RECO CERTIFIC				REET, I	BALTIMORE 1	i, mar Oz	yland 2204 _
	PLACE OF DEATH	Georges			2. USUAL RESID	ENGE (Whe	o decess	ed I ved, if institution b. COUNTY	n, Remdenc	e before admission)
_	b. CITY OR TOWN (	if outside corporate limits, I give nearest town)	c. LENGTH OF STAY IN 4 days		c. CITY OR TOW	N (H outside Washi		limits, write RURA.	and give n	earest town)
	d. NAME OF HOSPI	TAL OR INSTITUTION (A A	of in hospital, give street address)		d. STREET ADDRE	SS				. IS RES DENCE
	Glenn	Dale Hospit	al		Little	Siste	es of	f the Poor	ין	ON A FARM?
3.	NAME OF	First	Middle	- '	Last	4. DA		Month	Day	Year
	(Type or print)	Leo _	-		Corriden _	OF DEJ	LTH	2	20	19 62
5.	Male	White	MARRIED NEVER MARRIED	]	2/12/01			GE (In years IF UND birthday) Months	atom and a	Hours Min.
104	USUAL OCCUPAT	ION (Give kind of work	10b. KIND OF BUSINESS OR INDI			nunty & State		on country) 12.	CITIZEN OF	F WHAT COUNTRY
do	ne during most of wo	orking life, even if retired)								
13.	Unknow FATHER S NAME	n	Unknown_		Washli 14. Mother's Maid	en name	_U <sub>∗</sub> C ,		USA	
	s, no, or unkown) (I	ER IN U.S. ARMED FORCE: liyes give werer detes of servi			Unknov NFORMANT ecedent	vn	-	Address	LINT	ÊRVA, BETWEEN
PART I. DEATH WAS CAUSED BY:					tiolog:		SET AND DEATH			
	5>3	IMMEDIATE CAUSE (a) I	TOTALES DATES IN	100 <u>1</u>	opronu <u>rr</u> (t <u>Cl</u>	undet	_		'	l day
	Conditions, if any									
	gave rise to immedi (e), stating the u	A DULL TO								
	cause last.	(c)								
CERTIFICATION	Cerebre chronic a 20%. Accident work contributions	R SIGNIFICANT CONDITION OVASCULAT accalentation; m	NS CONTRIBUTING TO DEATH BUILD INCOME. TIGHT WITH TIGH TOCATHIST INFORMATION OCCURRENCES TO THE PROPERTY OCCURRENC	t h	nemiparalys on, <u>histori</u>	sis: br	ronch	lopneumoni Lar fibri	ia;	9. WAS AUTOPSY PERFORMED? YES NO TO
DICAL	20c. TIME OF INJU	JRY Month, Day, Year	20d. INJURY OCCURRED   20e.		CE Of INJURY (Home, ory, street, office bldg.,		City or to	own) (i	County)	(State)

p.m. 19

at work at work

82 certify that (I) (this hospital) attended the deceased from....... ....19..62, and that death occured at...A.M, from the causes and on the date stated above, saw the deceased 22a. SIGNATURE

MED. DIRECTOR STAFF PHYS.

23d.

226. DATE SIGNED

1952, that (I) (we) last

22c. PHYSICIAN S NAME (Type)

23a. BURIAL, CREMATION, REMOVAL (Specify)

Weiss,

716 234

PHYS. 22d, ADDRESS

ATTENDING

Glenn Dale Hospital Glenn Dale, Md.

24 EUNERAL

DATE FER 2 3

REC'D BY REGISTRAR

LOCATION

25Ь REGISTRAR'S

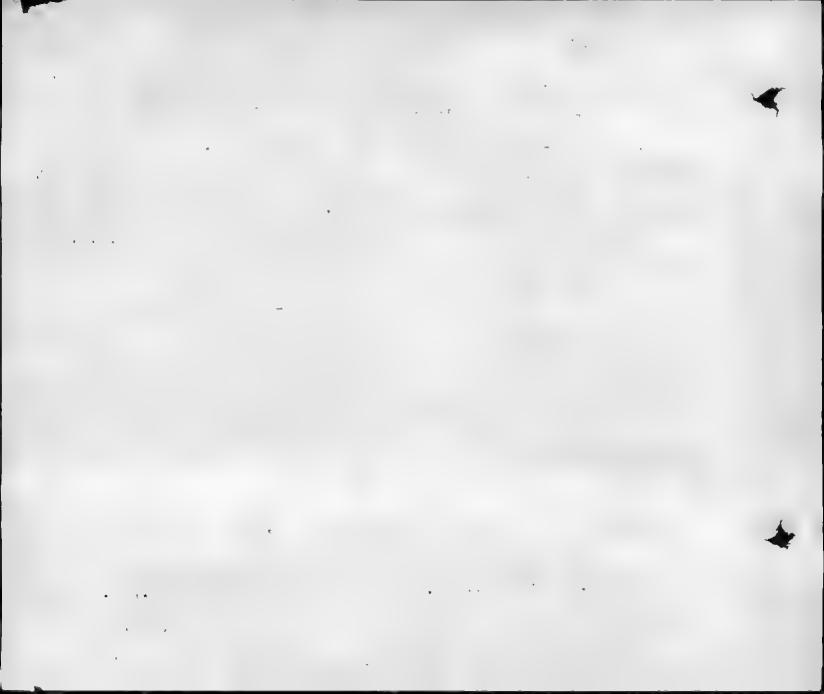
VR A1S (4) 15M 7/61



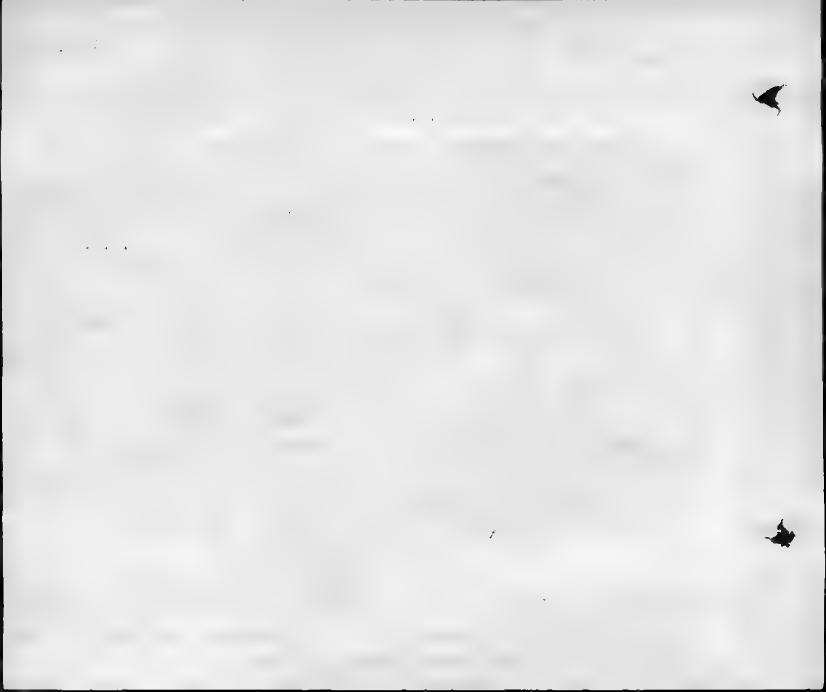
MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS.

301 W. PRESTON STREET, BALTIMORE 1, MARYLAND



STREET, BALTIMORE 1, MARYLAND Division of STATISTICAL RESEARCH MEDICAL EXAMINER'S 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) e COUNTY **b.** COUNTY Prince George's Maryland MARYLAND Prince George La b. CITY OR TOWN (if outside corporate I mits, c. CITY OR TOWN (If outside corporate him is write RURAL and give neerest town) e. LENGTH OF STAY IN 16 write RURAL and give nearest town) Edmonston is radicector y Cheverly D.O.A. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? 5121 Decataur YES | NO . George s General Hospital 3. NAME OF Middia 4. DATE Month DECEASED OF (Type or print) Virginia DEATH February 2 Barcus Dal zell IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 8. DATE OF BIRTH age 5 may 1 and 2 with 72 hours of last birthday) Months Female White WIDOWED [ DIVORCED April 10s. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY | 11 BIRTHPLACE (State or fore on country) 12. CIT, ZEN OF WHAT COUNTRY? done during most of working lite, even if retired) 18, Give Pages 1 form PM3, Pag Own Home Idaho U.S.A. PM3. Pa pages 1 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown 0 TS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address (Yes, No or unkown) (If yes give wer or detes of service) Howard Depue Dalzell d benefit in the filter along will reason with the reason will be reason with the reason with the reason will be reason will be reason will be reason with 18. CAUSE OF DEATH [Enter only one cause per line for (\*), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO burial Conditions, if enys which (b) gava rise to immediate cause (a), stoting the underlying nsed PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY 1 206. DESCR BE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of Iom 18) NO 1 200 EXTERNAL CAUSE WAS Media PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. fulicate, writing the district of the Chief A CTOR: Page 3 stent. Page 3 stent. Prior to buria 20c. TIME OF INJURY 20d. INJURY OCCURRED ; 20e PLACE OF INJURY (Home, form, ; 20f. (City or town) (County) (Steta) Month, Day, Year \_Not While fectory, street, office bldg., atc.) While at work al work forwarded to the 21 I certify that I took charge of the remains described above, held an Autopsy 😾 Inspection 😾. Inquiry and in my opinion Natural causes 💢 Su.cide [ Homicide Undetermined manner Accident | |. death resulted from CHIEF MEDICAL EXAMINER ACTUAL should be for FUNERAL I ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY DEPUTY MEDICAL EXAMINER NAME (Type) ames I. Address (Street, city, town, or county) 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify) 40 8 2-3-1962 1 Removal Manassas Vircinia SUNERAL DIRECTOR ADDRESS 24e. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE VS. AISME DATE FEB 6 Son Funeral Home Manassas, Virginia 5M 9 60



#### FOR STATE HEALTH DEPT.

00001

es. ≥ 8 8

TO DEPUTY MED. I. EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necliplease execute the contract, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the tuneral direct 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your TO FUNERAL DIRECTERS: Sage 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Emaph or its designated agent, prior to burial, cremation, or removal, and in any 946fit within 72 hours after death. 5M 9/60

VS. A15ME

#### MARYLAND STATE DEPARTMENT OF HEALTH

0220B

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased I ved, if institutions Residence before admission)
	Prince George 8 MARYLAND  c. CITY OR TOWN (if outside corporate I mils, c. LENGTH OF STAY N Ib write RURAL end give necreat town)	a. STATE  b. COUNTY  Maryland  Prince George's  c. CITY OR TOWN (if ourside corporate limits, write RURAL and give pearest fown)
	District Height  H NAME OF HOSPITAL OR INSTITUTION ("Final in hospital, give street eddress)	District Heights  d. STREET ADDRESS  ON A FARM?
	NAME OF First Middle DECEASED	7815 Gateway Boulevard YES No.
5.	SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED     8	de Lorimier February 10. 19 62  Date of Birth 9. AGE (In years If UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Devs Hours M.n.
10a	USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRUCTION	Decer. ber 24, 1889 72m.  11. BIRTHPLACE (State or fore.gn country)  12. CITIZEN OF WHAT COUNTRY?
13.	Housewife At Home	New Jersey . U.S.A
	George Van Gilder WAS DECEASED EVER IN U.S. ARMED FORCES? s, no, or unkown) (Ifyesgivewarordelesofservice)	Elizabeth Rohrbach
ī	NO None F1  18. CAUSE OF DEATH [Entar only one cause per line for (a), (b), and (c).]	rank Berford Evans Same as #2
	PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a) Acute congesti	ve heart failurd
	Conditions, if any, which To (b) Cardiovascular	renal disease
	geve rise to immediate cause (e), stating the underlying  DUE TO  Cause lest.	
CATION	The state of the s	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART (18) 19. WAS AUTOPSY PERFORMED? YES NO
CERTIFIC	206 EXTERNAL CAUSE WAS 206. DESCRIBE HOW INJURY OCCURED. (I PRIMARY — or CONTRIBUTING — CAUSE OF DEATH.	Enter netura of 'njury In Peri I or Peri II of Item 18.)
MEDICAL	20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e. PLA Hour 8.m. While Not While feet at work at work	CE OF INUURY (Home, ferm, 201. (City or town) (County) (State) ary, street, office bldg., etc.)
	21. I certify that I took charge of the remains described above, he	
	death resulted from. Natural causes ** Accident Suice	
		CHIEF MEDICAL EXAMINER
	SIGNATURE JOMES 2 Long	M D ASSISTANT MEDICAL EXAMINER DATE SIGNED  DEPUTY MEDICAL EXAMINER X
	NAME (Type) JAMES T RIVD M D	Address (Street, city, town, or county)
228	BURIAL, CREMATION, 226. DATE THEREOF 222 NAME OF CEMETERY OF	R CREMATORY 22d. LOCATION (City, town, or country) (State)
27	FUNERAL DIRECTOR	7) alional Sur Clang 9) any fund
W	W. Chambers 60, Riverdalo, 4	ng. 13 162 (1.04



## FOR STATE HEALTH DEPT. TO DEPUTY MED. The EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral direct rage 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your cless. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. AISME

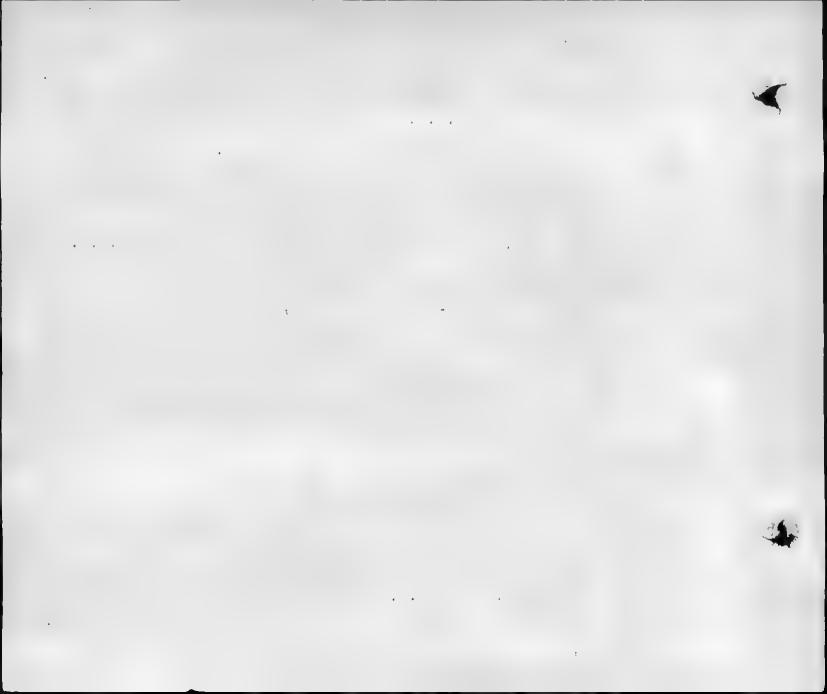
MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 02208

	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where decessed I vad, if Institution. Residence before edim ss on)  a. STATE b. COUNTY
	Prince Georges MARYLAND	Maryland Prince Georges
K	b. CITY OR TOWN (if outs de corporele limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town)	c. CITY OR TOWN (If outs de corporete limits, write RURAL and give trearest fown)
ı į	Cheverly 2 Hours	A Unper Marlboro
11	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, g ve street eddress)	d STREET ADDRESS  a. IS RESIDENCE ON A FARM?
	Prince Georges Gen. Hospita	Box 3411 Ster Route VESTX NO
	DECEASED	Last 4, DATE Month Dey Yeer  OF
` -	(Type or print)  ALTE  LOUIS.  5. SEX  [6. COLOR OF RACE] 7. MADDIED PT NEVER MADDIED [7] 8	DIGGS DEATH Feb. 2, 1962 19 DATE OF BIRTH 19. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
	V. WOUNDED TO LEASE WOUNDED	lest birthday)   Monthal Days   Hours   M.n.
-		May 15, 1896   66 yrs.   12. CITIZEN OF WHAT COUNTRY
	done during most of working life, even if retired)	
X	HOUSE Wife A nome	Maryland U.S.A
1	Richard Brown	Jane Forbes
	15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO. 17. I	NFORMANT Address ittchellville, Ad
	No Mi	rs. Margret Blake Route #2 Box 114
	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	INTERVAL BETWEEN ONSET AND DEATH
1	PART I. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (a).  Congestive	heart failure
1	DUE TO	
1	Conditions, if ony, which ) (b) Coronary hear	rt disease
	gave rise to immediate cause (a), stating the underlying DUE TO	
		ar renal disease
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED?
	Diabetes of long duration	inter neture of injury in Pert Lor Pert J of Item 18.)
	Diabetes of long duration  20a, external cause was PRIMARY CONTRIBUTING CONTRIBUTING TO DEATH BUT NO  2Db. Describe How NJURY OCCURED. (E	ingreguze or injury in rear i arrear .i at item 10.,
	0   4	CE OF INJURY (Home, ferm, 20f. (City or town) (County) (State) ory, street, office bldg., etc.)
	Hour e.m.   While Not While   Fection   While   Property   Propert	
	21 I certify that I took charge of the remains described above, he	ld an Autopsy Inspection Inquiry, and in my opinion
	death resulted from: Natural causes X Accident . Suice	
	1 2 0	CHIEF MEDICAL EXAM.NER
	SIGNATURE SOMEN 3	M D ASSISTANT MEDICAL EXAMINER DATE SIGNED
retr	EXAMINER'S JAMES I. BOYD	DEPUTY MEDICAL EXAMINER 2/3/62
	228. BURIAL, CREMATION 226. DATE THEREOF 226. NAME OF CEMETERY OF	Address (Street, city town, or county)  CREMATORY 22d, LOCATION (City, town, or country) (Stete)
	BURIAL 2-7-62 MT. CAR	MEL UPPER MARLBORD, MD.
1	23. FUNERAL DIRECTOR ADDRESS WASH.	D.C. 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
	MYRTLE K. ROLLINS 4339 HUNT 1	DL. N.E. DATE FEB 5 '62 Corthury & throng



STREET, BALTIMORE 1, MARYLAND Division of STATISTICAL RESEARCH EXAMINER'S 2. USUAL RESIDENCE (Where decresed lived, if Institution, Residence before edmission) I, PLACE OF DEATH b. COUNTY b. CITY OR TOWN (if outside corporate limits, Prince George's c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) slay is nece ral directo for your Boara of B write RURAL and give nearest town! O College Park Riverdale D. O. A d. NAME OF HOSPITAL OR INSTITUTION of not in hospital, give street address? e. IS RESIDENCE ON A FARM? Leland 3. Name of YES 🔲 NO 😿 Memorial Hospital 8707 50th. Place Middle 4. DATE DECEASED OF lhe (Type or print) DEATH Dovel with 6. COLOR OR RACE T MARRIED NEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR 8 DATE OF BIRTH IF UNDER 24 HRS. 2 with last birthday) Months WIDOWED [ DIVORCED T 10b, KIND OF BUSINESS OR INDUSTRY THE PRINCE TO SE FOREIGN COUNTY n 18. Give Pages 1, 2, and the form PM3. Page 5 mmir. File pages 1 and 2 ye event within 7 mm. 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) U.S.A. Marine Insurance Ex. Maritime Commission 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Cora Virginia Snyder Washington Dovel George 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT permit. (Yes, no, or unkown) | (Ifyesgive weror detes of service) Mary Dovel, same 18. CAUSE OF DEATH [Enter only one cause per line for (e (b., end (c).) INTERVAL BETWEEN e along v I-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Acute congestive heart failure IMMEDIATE CAUSE (6) DUE TO burial Cardiovascular renal disease gave rise to immediate cause DUE TO (a), stating the underlying ical Examirally be used remation, PART I. OTHER S.GN.F.CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART (18): 19. WAS AUTOPSY PERFORMED? NO 20a EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pent II of item 18.) PRIMARY | or CONTRIBUTING | tificate, wns...
ad to the Ch of M
CTOR: Page 3 st 20c TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, ; 20f. (City or lown) (Stele) (County) fectory, street, office bldg., etc.) While Not While et work forwarded to the Interest of I 21. I certify that I took charge of the remains described above, held an Autopsy .... Inspection of Inquiry and in my opinion Natural causes K Suicide Homicide Undetermined manner death resulted from. Accident CHIEF MEDICAL EXAMINER petengi ACTUAL 2. 1 Donal MO DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE \_ should be EXAMINER'S Should FUNE BOYD, M.D. NAME (Type) Address (Street, city, town, or county) 22c. NAME OF CEMETERY OR CREMATORY 22d, LOCATION [City, town, or country] (Stote) 22a, BURIAL, CREMATION. Md. 2/12/62 Ft. Lincoln Colmar Manor, Burial E40 9 ADDRESS 24e. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR **VS. A15ME** Hyattsville, Maryland Francis Gasch's Sons DATE FER 1 3 '62 5M 9/60



# TO HOSPITAL OR ATTENDING PHYSICIAM: The Ew requires that the clastificate be executed within 24 heres after death. Page 4 may Channed by the hospital or attending physician. TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by a funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 Arbonal be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 15M 9/60

#### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 02210

1	1. PLACE OF DEATH  a. COUNTY	USUAL RESIDENCE (Where decreesed lived, funstitution, Residence before edmission)		
1	Prince George's MARYLAND	Maryland Prince George's		
	b. CITY OR TOWN ( Fours de corporete   mus c LENGTH OF STAY IN 1b   write RURAL and give nearest lown)	c. CITY OR TOWN (if outside corporate I mils, write RURAL and give nearest town)		
1		Seabrook		
	d. NAME OF HOSP TAL OR INSTITUTION (if not in Fospitel, g ve street eddress	d. STREET ADDRESS  o. IS RESIDENCE ON A FARM?		
	Prince George's General Hospital	9603 Franklin Avenue		
ľ	3. NAME OF First Middle	Last 4. DATE Month Day Year		
	(Type or pr n³)	DEATH February 13 19 62		
- [		ATE OF BRTH . 9. AGE (In years IF UNDER 1 YEAR ) IF UNDER 24 HRS.		
		last b rithdey) Months Deys Hours Mr.		
	10- US, ALOCG BATCON CO. L. 101 MIND OF SUCKEY OF THE CO.	1. B.RTHPLACE (County & Stelle, or foreign country)   12. CITIZEN OF WHAT COUNTRY?		
	done dur no most of working I fa, even if relredCollege Instructor	West Virginia USA		
) [		MOTHER'S MAIDEN HAME		
1	J El Blake	Cora Burgess		
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFO (Yes, no, or unknown)   (Ifyes give wer or detes of service)			
1	Hospi	tal Records Cheverly, Md.		
1	18. CAUSE OF DEATH (Enter only one couse per line for (e), 10, and (c, )	INTERVAL BETWEEN		
	PART I. DEATH WAS CAUSED BY. Cerefral In	ranfrozia ONSET AND DEATH		
	DUE TO			
	Conditions, if eny, which (b) Wenna			
	geve rise to immediate cause	// .		
1	cause lest.	Leiency		
1	PART IN OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT SOTALE	LATED TO THE THE MINAL DISEASE CONDITION GIVEN IN PART 1(4) 19. WAS ALTOPSY		
	E Pretanel family and 19	Thereness YES NO NE		
PART IN OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT FOTHER THE TO THE THE ANAL DISEASE CONDITION GIVEN IN PART 1(0) 1  206. ACCIDENT WAS UNDERLYING TO DESCRIBE HOW INJURY OCCURED. (Enjoymeture of 'neury in Pert 1 or Pert 1 of 110m 18.)  307. CONTRIBUTING CI CAUSE OF DEATH  308. IETHER, NOTIFY MEDICAL EXAMINER!				
	OR CONTRIBUTING [] CAUSE OF DEATH [IF EITHER, NOTIFY MEDICAL EXAMINER]			
1	20c. TIME OF INJURY Month, Dey, Year 2Dd, INJURY OCCURRED , 2De. PLACE C	OF INJURY (Home, farm , 20f. (City or town) (County) (Stete)		
	at week [ ] at week [ ]	street, office bldg., etc.)		
		1/29 19 62 to 2././.3, 1960 that (1) (we) last		
	21. I certify that (I) (this hospital) attended the deceased from	1/29		
-1	saw the deceased alive on 2.1.1.3 19.6.2, and that dec			
1	1 1 Carbonel	ATTENDING MED. STAFF Jel 13-196 SISNED		
	22c. PHYSICIAN'S	22d. ADDRESS		
	MAME (Type)	915 19th St., N.W., Washington 6, D.C.		
	238. BURIAL, CREMATION, 236 DATE THEREOF 23c. NAME OF CEMETERY ORX			
	DEMOVAL (Specific Law)			
	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS  Gasch's Sons Hyattsville. Md.	256. REC'D 8Y REGISTRAR   25b. REGISTRAR'S SIGNATURE		
	Gasch's Sons Hyattsville, Md.	DATE FEE 1 5 '62 Cul a P f		

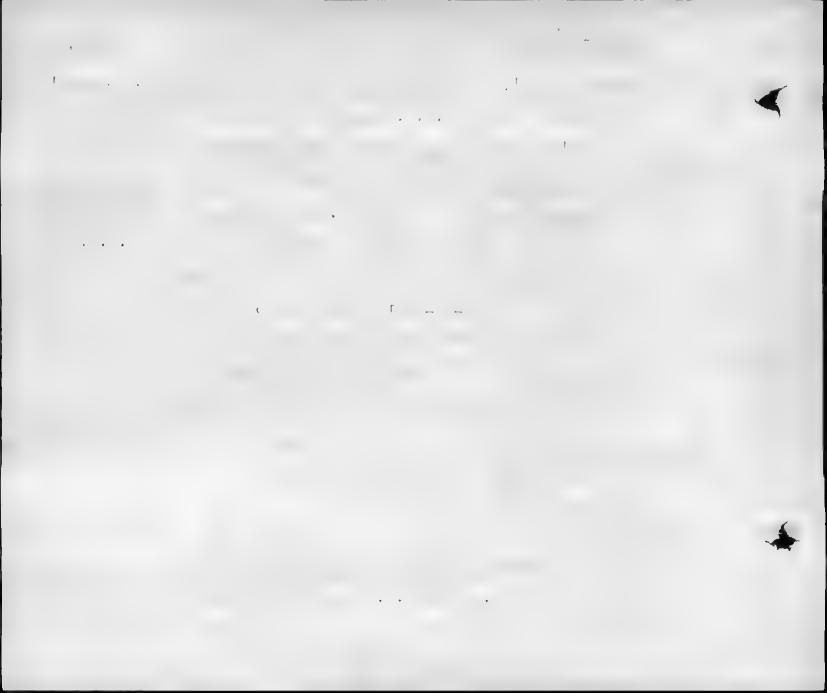


I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) e. COUNTY b. COUNTY Maryland Prince George c CITY OR TOWN (II outside corporate limits, write RURAL and give nearest fown) Prince George's MARYLAND Prince George's e. LENGTH OF STAY IN 16 write RURAL and give negrest town! Cheverly D.O.A.
d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Landover Hills and 3 to the funeral direc d STREET ADDRESS IS RESIDENCE be retained for h the State Boar ON A FARM? YES THO TE Prince George's General Hospital 7108 Allison 4. DATE 3. NAME OF DECEASED OF and 2 with the 572 hours after de 1962 February 25 (Type or print) William Albert DEATH 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 19 AGE (In years HE UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months | Days WIDOWED DIVORCED 8 Male 10a. USUAL OCCUPATION (Give kind of work 1 106 KIND OF BUSINESS OR INDUSTRY 11 BRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? page done during most of working I fe, even if retired) U.S.A. 8. Give Pages Appliance Clerk

13. FATHER'S NAME Indiana 14. MOTHER'S MAIDEN NAME P.M.3 William David Elliott Ann Elizabeth Talmadge with form 15. WAS DECEASED EYER IN U.S. ARMED FORCES? , 16. SOCIAL SECURITY NO 17. INFORMANT (Yes, no, or unkown) | (Ifyesgivewerordatesofservice) Ruth Elliott, same a.8 # in pencil in them 1 18. CAUSE OF DEATH [Enter only one cause per I ne for (a , b), end (c). INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Acute congestive heart failure IMMEDIATE CAUSE (a) Hypertensive heart disease Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last PART 1. OTHER SIGN FICANT CONDITIONS CONTR BUT NO TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1 a) 19 WAS AUTOPSY should be tial, crematic NO TEX 208 EXTERNAL CAUSE WAS 20b. DESCRIBE HOW NURY OCCURED, (Enter nature of in try in Part I or Pert II of Item 18.) writing the a Chief Med Page 3 should to burial, it PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20d NJURY OCCURRED 20e. PLACE OF NJURY (Home, ferm, 20f (City or town) 20c TIME OF INJURY Month, Day, Year fectory, street, office bidg., etc.), While Not While forwarded to the L DIRECTOR: Pariet afed agent, prior f # # 8 at work | el work 21 I certify that I look charge of the remains described above, held an Autopsy ... Inspection x Inquiry 30 and in my opinion Natural causes 🗶 . Accident . Su cide [ Undetermined manner death resulted from. Homicide CHIEF MEDICAL EXAMINER ifease execute the should be forwar PUNERAL DIRI DEPUTY MEI ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAM NER TO 2/25/62 EXAMINER'S NAME Type Address (Street city town or county) 220, BURIAL, CREMATION, 226 DATE THEREO LOCATION (City, lown, or country) 240 g 24e REC'D BY REGISTRAR I V5. A15ME · Ju will I Thomas 5M 9,60 %

STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE I, MARYLAND



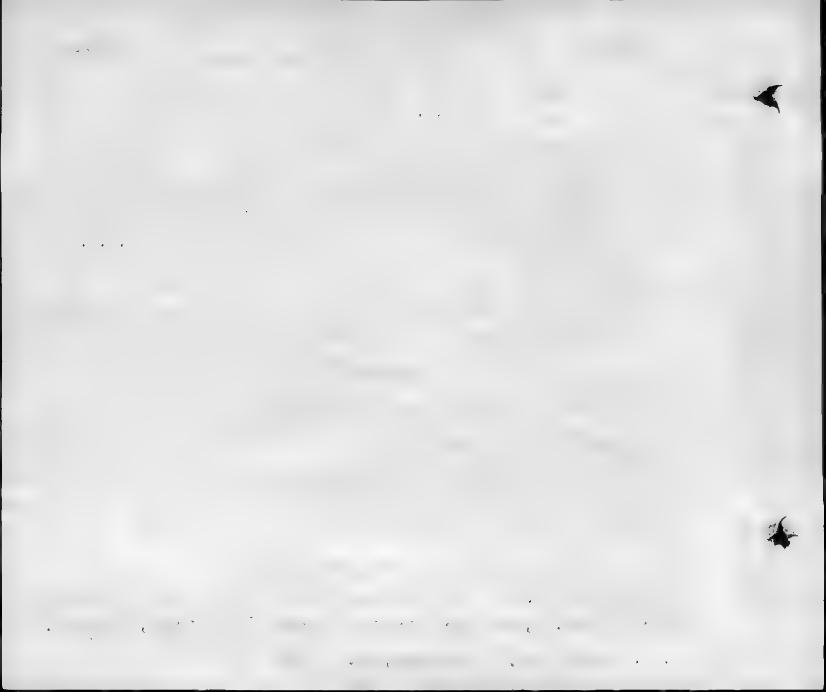


W. PRESTON STREET, BALTIMORE 1, MARYLAND Division of STATISTICAL RESEAR MEDICAL EXAMINER'S CERTIFICATE OF . PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before edmission) a. COUNTY e. STATE b. COUNTY b. CITY OR TOWN (it outs de corporele I mil C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside comprate limits, while RURAL end give neares) bwn, wate RURAL and give/hearest lown) funeral dire d NAME OF HOSPITALOR INSTITUTION (if not in hospital, give street address) P Boar 4. IS RESIDENCE ON A FARM? retained the State B YES NO 3 NAME OF M ddle DATE Yaar 3 to the DECEASED OF (Type or print) DEATH 19 🛴 with 5. SEX AGE ( n years If UNDER 1 YEAR IF UNDER 24 HRS. MARRIED | 2 with last birthday, | Months | and W DOWED 10a. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, evan if relired) PM3 13. FATHER S NAME event form ECEASED EVER IN U.S ARMED FORCES 1 16. SOCIAL SECURITY NO + 17. INFOR unkown) (If yas giva war or dates of serv ong with 18. CAUSE OF DEATH [Enter only one cause par ling for (e), (b), and (c).] PART I, DEATH WAS CAUSED BY: in pencil MAMED ATE CAUSE (a) Office al DUE TO Conditions, if any, which (b) gave rise to immediate cause 10 DUE TO (e), stelling the underlying Examiner b cause lest. used (c) ο'n, PART I. OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1'8) 19. WAS AUTOPSY PERFORMED? cremat NO K Medical should 2De. EXTERNAL CAUSE WAS 2Db. DESCR.8E HOW INJURY OCCURED. Enter neture of injury in Pert I or Pert II of frem 18 . PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 00 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 2Df. (City or fown 20c. TIME OF INJURY Month Dev. Year (County) (Steta) ease execute that as tificate, writing should be forwarded to the Chic FUNERAL DIRECTOR: Page fectory, streat, offica bldg., atc.). Whila Not While at work et work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection 74 Inquiry . noinigo ym ni bns death resulted from: Natural causes -./ Accident Suicide Homicide: Undetermined manner CHIEF MEDICAL EXAMINER DEPUTY MED designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER D EXAMINER'S NAME (Typa) Address (Street, city, town, or county) NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or country) BURIAL CREMATION. O 40 24e. REC'D BY REGISTRAR | 24b. REGIS VS. A15ME

ARTMENT OF HEALTH



PRESTON STREET, BALTIMORE 1, MARYLAND Division of STATISTICAL RESEAR EXAMINER MEDICAL FOR STATE Isom 9 firm dou? USUAL RESIDENCE (Where decased lived, if institution Residence before #dim to on) 1. PLACE OF DEATH . COUNTY · STAWaryland Prince George's rince George's MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c, CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town) tuneral direct a ned for your tale Board of H Cheverin Hyattsville d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite, give street eddress) d. STREET ADDRESS . IS RESIDENCE ON A FARM? 5608 29th Avenue Prince George's General Hospital retained he State B death. YES NO. 3. NAME OF Middla 4. DATE Month Year DECEASED JacquelineFlesher the (Type or print) Lovie DEATH February 62 19 5. SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED AGE (in years | IF UNDER 1 YEAR IF UNDER 24 HRS. With age 5 may 1 and 2 with 72 hours af last birthday Months | Days and White Female Sentember WIDOWED [ DIVORCED [ 10a. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY | 11. B.RTHPLACE (State or foraign country) 12. CITIZEN OF WHAT COUNTRY? Give Pages 1, 2, orm PM3. Page File pages 1 and year, within 72 h done during most of working life, even if retired) Waitres Food Nest Virginia U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME with form Ph with form Ph permit, File r Gordon Hannigan Willa Lee Turner 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (If yes giva war or detas of service ing" in pencil in Item 19 er's Office along with is a burial-transit permi removal, and in any No Nancy Goddard. same as 18. CAUSE OF DEATH [Enter only one cause par line for [a], (b), and [c]. INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Coronary occlusion IMMEDIATE CAUSE (e) DUE TO Coronary Artery Disease Conditions, if env. which (b) gave rise to immadiata cause bu pued DUE TO (e), stating the undarlying Examiner used Medical Examir should be used rial, cremation, c PART IL OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 3(4) 19. WAS AUTOPSY CERTIFICATION PERFORMED? writing the word 'e Chief Medical Ex Page 3 should be NO +5 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Part II of item 18.) 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20d, INJURY OCCURRED, 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year (County) (Stata) Trificate, to the C Not While fectory, street, office b.dg., etc.) While Q3W at work at work 21. I certify that I took charge of the remains described above, held an Autopsy and in my opinion Inspection Inquiry please execute the centic 4 should be forwarded to 5 FUNERAL DIRECTO 77 its designated agent, p death resulted from: Natural causes 3 Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY EXAMINER'S NAME (Type) Address (Street, city, town, or county) AMES I 22c. NAME OF CEMETERY OF TOMES OF 22d. LOCATION (City, lown, or country) (Statu) Bladensburg. 240 g Lincoln Cemeterv Maryland Burial 23. FUNERAL DIRECTOR 24a, REC'D BY REGISTRAR 1 24b, REGISTRAR S SIGNATURE VS. A15ME C. W. S. Thomas Riverdale, Md. SM 9 60



VR A15 (4) 15M 9/60

## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	U22 <b>32</b>	CEKTIFICATE	OF DEATH	02	215
1.	PLACE OF DEATH	1,	2. USUAL RESIDENCE (WI	here decessed lived, if institut, one Reside	ence bufore adm ss on)
	Prince Georges Cou	ntv masviano	•. STATE \aryla	nd b. COUNTY Princ	e Georges
_	b. CIY OR TOWN ( f outside corporete limits,	. LENGTH OF STAY IN 16		de corporete I mils, write RURAL and givi	9
	write RURAL and give recess town) Chevenly	55 days	La mo, er		
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hosp te		d. STREET ADDRESS		. IS RESIDENCE
	Prince Georges General	Hosoital	1,600 Whi	tehouse Heights	YES NO
3.	NAME OF First DECEASED	M dd.e	Last 4. D.	ATE Month De	y Yeer
	(Type or print)	IZABETH		EATH February 18	19 62
5.	SEX 6 COLOR OR RACE 7, MARRIED	NEVER MARR ED . 8.	DATE OF BIRTH	9. AGE (In yeers IF UNDER 1 YEA) lest birthday) Months Deys	Appropriate to the second seco
	Ferale White WIDOWED	DIVORCED	6/25/92	69 yrs. Months Deys	Hours Min.
	. JSUAL OCCUPATION (Give kind of work 10b KIND me during most of working life, eyen if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & St	etr., or foreign country)     12, CITIZEN	ar.
	Housewife		Viramice	0.	S.A.
13	FATHER S NAME	ī	14. MOTHER MAIDEN NAME	0 2 -	,
	John Forver	1	1De Cle	Schumal	_
	WAS PECEASED EVER IN U.S. ARMED FORCES? 16. SO is, no, or unknown) (Ifyasgive werordelas of service	CIAL SECURITY NO. 17 II	NEOBMANT A TO	Address and an	* 2
	No	une 7/h	Samuel Ale	ucree)	
	18. CAUSE OF DEATH [Enter only one cause per I ne	tor (e), (b), end (c) j			NTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: [] PRICE	16			_
	DUE TO /	1 11			
	Conditions, if eny, which (b) KACLU	ey lumphice	may .		-
	(e), stelling the underlying DUE TO	1 1/2	1/ 62 2 2 2 3	1	
_	couse lost. (c) DICA II		iphn his & new	E F 4 100	AN WAS AUTORSY
ğ	PART II. OTHER SIGNIFICANT CONDITIONS CONTR	BUTING TO DEATH BUT NO	HELATED TO THE TERMINAL DE	SEASE CONDITION GIVEN IN PART IN	PERFORMED?
N.	Sulmatoid anythins-		uphyseur/	B 1-12 1D )	AE2 THO T
ERT	OR CONTRIBUTING [] CAUSE OF DEATH	BE HOW MICKED OCH SKED	Enter nature of injury in Part I or	ran a premion	
Å.	(IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year   20d. INJ	HRY OCC HERED 20- DIAG	CE OF INJURY (Home, ferm, 20f	f. (City or town) (County)	(Slete)
MEDIC	Hour s.m. While _	_Not While fecto	ry, street, office bldg , etc.)	(007)	(0.0.0)
X	p.m. 19 et work	et work	70.00	0.70 ./0	4 (2) ( ) (
	21. I certify that (I) (this hospital) attended				
	saw the deceased alive on 2=10	IY OZ , and that	death occurso at Oabyy	From the causes and on the	22b, DATE
	taloro (solma h)	***	ATTENDING MED. DIRECTO	STAFF OR PHYS.	SIGNED
	22c, PHYSICIAN'S	M.i	22d ADDRESS		-
	NAME (Type)Dr. Ottavio Gelmi	_	1801 Eye St.,1	N. W., Washington,	D. C.
23		3c. NAME OF CEMETERY C	A = 1	LOCATION (City, town or county)	(State)
1	REMOVAL (Specify) 19-21-1962 (	Vaslington	Hational !	cutternof Man	yland
24	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25e REC'D BY	REGISTRAR   256, REGISTRAR'S SIGN	ATURE
1/	V.W. Chumbers CO, Thi	wratefill	JOLI DATEFER 23	3 '62 Outling S. Her	nud.

DATE EB 2 3 '62



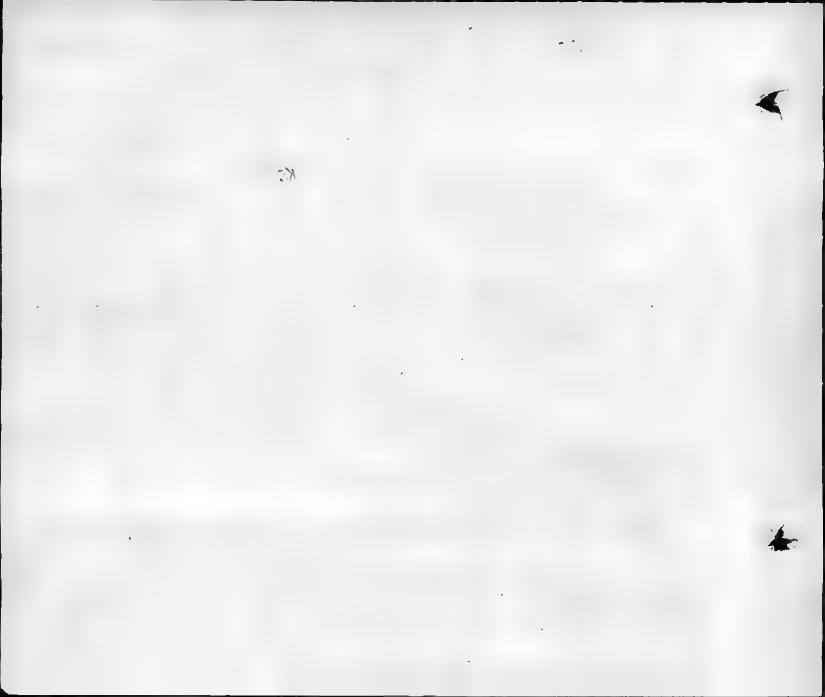
TATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET. BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) 1. PLACE OF DEATH B. COUNTY a. STATE Prince Georges Prince Georges MARYLAND c. C.TY OR TOWN (If outside corporale limits, write RURAL and give neeres) town) e. LENGTH OF STAY IN 16 b. CITY OR TOWN (if outs'de corporate limits, write RURAL and give nearest town! Chever ly 19 days Cheltenham e. IS RES DENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital is we street eddress) d. STREET ADDRESS ON A FARM? YES NO Prince Georges General Hospital Box 25 4. DATE 3. NAME OF Month DECEASED OF (Type or print) DEATH 27 19 Foreman Feb Charles AGE IIn years [IF UNDER 1 YEAR ] IF UNDER 24 HRS. 5 SEX DATE OF BIRTH OR OR RACE 7 MARRIED NEVER MARRIED last birthday) | Months 100 DIVORCED [ 1 12. CITIZEN OF WHAT COUNTRY? 10a. USJAL OCCUPATION IG ve kind of work IDS. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE & Stete, or foreign country) done during most of working I telleven if retired! physic Retired MESSENGER L please 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME attending pare VICTORIA 15 WAS DECEASED EVER IN J.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INPORMANT (Yes, no, or unkown, (liyesg vewerordetesolsery ce) MARY FOREMAN-WIFE CHELTENHAM, MO INTERVAL BETWEEN 18. CAUSE OF DEATH Inter only one cause per ine for (e), (b), and (c) ONSET AND DEATH PART , DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) DUE TO ensel ente Carles vascular-rend disease **DUE TO** [e], sleting the underlying cause last. PART I OTHER SIGNIFICANT COND TONS CONTR BUTING TO DEATH BUTINGT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART I (6) 19. WAS AUTOPSY PERFORMED? NO Z 200, ACC DENT WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH [IF EITHER, NOTIFY MEDICAL EXAMINER] 1 2Db. DESCRIBE HOW INJURY OCCURED (Enter natural of injury in Part I or Part II of Jem 18, 20d. INJURY OCCURRED 2De, PLACE OF INJURY [Home, farm, 2Df (City or town) (Stelle) 2Dc T.ME OF .NJJRY Month, Day, Year (County) fectory, street, office bldg., etc.) While Not While Hour a.m. et work et work 1962 to 20 February 1962 that (1) (we) last 21. I certify that (I) (this hospital) altended the deceased from 1962, and that deeth occured at 2,504 Nem the causes and on the date stated above saw the deceased alive on L. 22b. DATE 22a. SIGNATURE SIGNED PHYS. DIRECTOR PHYS. 22d. ADDRESS 22e PHYSIC AND NAME (Type) Dr. Upper Marlboro. Md Sasscer. M.D. 1 23d. LOCATION City, lown or county! 23c. NAME OF CEMETERY OR CREMATORY 23a, BUR AL, CREMATION LINCOLN MEMORIAL SUI Q VR A15 (4)

MARYLAND STATE DEPARTMENT OF HEALTH



**CERTIFICATE OF DEATH** 02234 Reg. Dist. Na 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution; Residence before admission) o. COUNTY **b.** COUNTY Prince MARYLAND Creoze: . BLara lace death. b. CITY OR TOWN (If autside corporate limits, write c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give nearest lown) Galfavz d. NAME OF HOSPITAL (It not in haspital, give street address)
OR INSTITUTION d, STREET ADDRESS e. IS RESIDENCE ON A FARM? C. Luke to Lucaso YES NO T NAME OF 4/DATE Middle Month Day Year DECEASED OF (Type or print) DEATH 1962 IE UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED T NEVER MARRIED T DATE OF BIRTH AGE [in years lost birthday) Months Days Min DIVORCED | WIDOWED P 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 1) EIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 2. OUAENUTE mance Lucato offer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Corl MOVE IS WAS DECEASED EVER IN U. S ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Louision [18]. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: **DUE TO** Conditions, if any, which gave rise to immediate DUE TO couse (a), stating the underlying couse last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? YES 🗍 NO 🗍 20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Doy, (County) (Stote) factory, street, office bldg., etc.) Hour o. p. While Not while of work of work Ø. m. 21. I cortify that I attended the deceased from Filler. 19/2 that I last saw the deceased \_\_\_\_\_\_\_ta. alive an + Chr \_, and that death accurred at A M, fram the causes and on the date stated above. ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 270. BURIAL, CREMATION, 226. DATE THEREO! 22c. NAME OF CEMETERY-OR CREMATOR) 22d LOCATION (City, town, or county) (State REMOVAL (Specify) 0 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE 240 DATE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH 02235

02218

* Y 34		PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) b. COUNTY
1	) [	CITY OR TOWN (f outside corporate limits, wrife c. LENGTH OF STAY IN 1b RIPAN and give injoinest town).	c CITY OR TOWN M outside corporate limits, write RURAL and give nearest town)
		d NAMF OF HOSPITAL (finat in hospital, give)street address)  ORFAST JUT ON	d STEET ADDRESS  o IS RESIDENCE ON A FARM?
İ	ک	40V-384 Wr 8	5402-38" are YES NO EY
		NAME OF DECEASED (Type or print) Edward Andrew	GROSS 4. DATE Month 2 Doy Year 1962
	5 5	Male   While Widowed   DIVORCED	B. DATE OF BIRTH  9 AGE (In years last bythday)  Worths Days Hours Min  Worths Days Hours Min
	100	USUAL OCCUPATION (Give kind of work done 10h KIND OF BJSINGSE OR INDI	USTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	13	FATHER'S NAME	14. MOTHER'S MAIDENLY ME 1
Y		George Grass	Eva Schlundt
		WAS DECEASED BY R IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 1. h. no. or unknown] [15 yes. give wor or doles of service]	Virtudo D. Grose-Same as # 2-
		CAUSE OF DEATH [Enter only one cause par the for (a) (b), and (c)	INTERVAL BETWEEN ONSET AND DEATH
		PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO	- Wilreksgow Carling
		Conditions, if any, which ) (b)	
		gave rise to immediate couse (a), stating the <u>under</u> DUE TO	
	Z	Lying cause last.   (c)   PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	IT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY
	CAZIO		PERFORMED?.
	CERTAR	206 ACCIDENT WAS UNDERLYING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter noture of injury in Port I or Part II of item 18 )
	MEDICAL		PLACE OF INJURY (Hame, form, 20f. (City or town) (Caunty) (State) actary, street, affice bldg., etc.)
		21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on 2 1 1962 and that	death accurred at 3/500 from the causes and an the date stated above
		Hale n. Carlin	ATTENDING MED DIRECTOR DIPERTOR DIRECTOR DIPERTOR DIRECTOR DIPERTOR DIRECTOR DIPERTOR DIRECTOR DIPERTOR DIRECTOR DIPERTOR DIPERTO
		PARRY N. CARLTON	940-25 1456, 2, W Wal DC
	230	BLRIAL, CREMATION, 23b. DATE THEREOF 23c NAME OF CEMETRING THE MOVAL (Specify)	OR CREMAJORY 230 (Scrit ON (City, toyin, ar casnly) (State)
4	24	FUMERAL D RECTOR'S SIGNATURE ADDRESS ADDRESS ADDRESS	LE STOR REC'D BY REGISTRAR 256 REGISTRAR S SIGNATURE DATE FTB 162 Chiling & Kingers



DIVISION OF STATISTICAL RESEARCH STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Whara daceased lived, If Institution: Residence baiase admission) a. COUNTY b. COUNTY PRINCE GEORGES MARYLAND b. CITY OR TOWN [ I outside corporate limits, c. CITY OR TOWN ( flouts da corporata limits, write RURAL and tive nearest town) c. LENGTH OF STAY IN 16 Edmons Ton d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give sheal address) d. STREET ADDRESS e. .S RESIDENCE ON A FARM? 4874 YES NO 4 4. DATE 3 NAME OF First Month Middle Last DECEASED (Type or print) DEATH 19 5. SEX F UNDER 24 HRS. B. DATE OF BIRTH 19. AGE (In years | IF UNDER 1 YEAR) RACE 7. MARRIED WEVER MARRIED lest birthdey) Months Deys WHITE WIDOWED [ D<sub>1</sub>YORCED Yrs. 10a. USUAL OCCUPATION (Give kind of work 10b. KIND ON BUS NESS OR INDUSTRY 11. BIRTHPLACE (County & Stelle, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of warking I fe, even if retired) LUNCH bung house wi din∎ ph please i 13. FATHER S NAME 14. MOTHER'S MAIDEN NAME aften( SOZIAL SECURITY NO.1 17. INFORMANT (Yes, no, or unkown) ilfyesgive war or dates of service) 48TH AVE 14 mes no 18 CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: ARCINO MATOSIS IMMEDIATE CAUSE (a) DUE TO CANCINOMA BRONCHOGONIC Conditions, if any, which (b) geve rise to immediate causa. **DUE TO** (a), stelling the underlying PART I OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 11811 19. WAS AUTOPSY PERFORMED? NO A 200, ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Part II of Iam 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 20f. (City or lown) (County) 2Dc. TIME OF INJURY Month, Day, Year Not While factory, street, office bldg., etc.) While Hour a.m. at work et work 21. I certify that (I) (this hospital) attended the deceased from J.M. L.Y. .... 19.6.7-that (I) (we) last saw the deceased alive on. 22b. DATE 226. S.GNATURE 1/4/6 2 SIGNED **ATTENDING** DIRECTOR PHYS. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) LMRV BURIAL CREMATION I O BULLINA 25e. REC/D. REGISTRAR 256. REGISTRAR'S SIGNATURE VR A15 (4) DATE arthur & House

MARYLAND STATE DEPARTMENT OF HEALTH



# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH 09937

02220

	6601				<u></u>
1. PLACE OF DEATH			2. USUAL RESIDENCE (W	here deceased lived. If institution	n: Residence before admission)
a. cooldii	ince George	S MARYLAND	Pennsyl	v <u>ania                                    </u>	'ayette
b CITY OR TOWN (I RURAL and give n	If outside corporate limits, wr	ite c. LENGTH OF STAY IN 16	C CITY OR TOWN (IF	outside corporate limits, write RU	RAL and give nearest town)
Ox	Tienn near	3 mo	Confluen	Ce	75X-3
d NAME OF HOSPIT	AL (If not in hospital give st		d. STREET ADDRESS		e IS RESIDENCE
OR INSTITUTION	Standish :	Drive	613 Meyer	s Street	YES 🔲 NO 🙆
NAME OF DECEASED (Type or print)	Millie	Middle M	Hall	of DEATH Feb. 20	/
5 SEX	6 COLOR OR RACE 7	MARRIED NEVER MARRIED	B. DATE OF BIRTH		FUNDER 1 YEAR IF UNDER 24 HRS Months Days Hours Min.
F <sup>t</sup>	White wo	OWED DIVORCED	Mar.18 189	90 <b>71</b> 75	Months Days Hours Min.
10a. JSJA. OCCUPATIO	ON (Give kind of work done)	10b. KIND OF BUSINESS OR INDU	STRY 113 BIRTHPLACE (Stote	or foreign country)	12 CITIZEN OF WHAT COUNTRY
House	wife	Own Home		Penna.	U.S.A.
13 FATHER'S NAME			14 MOTHER'S MAIDEN		
Jackson	Myers		Ella W	oodnancy	
15 WAS DECEASED EVE	R IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO 17 1	NFORMANT	Addre	\$1
No	(1. ) 12. (1. )		Mrs Vera Gr	off 212 Stand	dish Dr.
18 CAUSE OF DEA	ATH [Enter only one couse p	per tine for (a), (b), and (c) ]			INTERVAL BETWEEN
PART 1 DEA	IMMEDIATE CAUSE (6)	HEART ARRI	557		Minutes
	DUE TO		-		
Candit ons, if a		CEREBRO VASO	CULAR AC	12 13 ENT	1 month
gove rise to i couse (a), sloting lying couse last	the under- DUE TO	HYPERTENSIVE	ARTERIO S	CLEROTIC DI	SEAJE YEARS.
PART IT OT	HER'S GNIF CANT COND TIC	ONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	AINALD SEASE CONDITION GIVE	N IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO
200 ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING [] 206 CAUSE OF DEATH MEDICAL EXAMINER]	DESCRIBE HOW INJURY OCCURRI	ED (Enter nature of injury in	Port + or Port II of item 18 )	
20c, TIME OF INJUI			LACE OF INJURY (Home, fari actory, street, office bldg., et		(County) (State
21   certify the	at (I) (this haspital) at	tended the deceased fram.	Feb 28 39	51 to Fab 20	L-9132, that (1) (we) las
saw the decea	sed alive on Feb.	20_19 96 2nd that	death accurred at A	M. fram the causes and	on the date stated above
220 SIGNALIRE	nitual A.		ATTENDING _/ A	AFD. STAFF	2/20 DATE 2/20 SIGNET
22c. PHYSICIAN'S NAME (Type)	Miguol A	Huici, M.D.	22d. ADDRESS	vingston Rd.	S.E. 62
23a BURIAL, CREMATIC		23c NAME OF CEMETERY	OR CREMATORY	23d LOCATION (City, town, or	r county) (State)
REMOVAL (Specify	Feb.23 19	62 Johnson Ch	anel	Favette Co.	Penna.
24 FUNERAL DIRECTOR		ADDRESS			TRAR'S SIGNATURE
Pearson F	uneral Home	. #alls Church	Va patek	3 2 1 '62	8 45

TO HOSPITAL OR ATTEMPING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs offer death. Page 4 may be remained by the state this certificate has been signed by the attending physician and completely filled in by the first director, page 3 should be detached far use as the burial-transit permit. Then please remove corbon pages: Pages 1 and 2 shauld the State Board at Health prior to burial, crematian, or removal, and in any event, within 72 haurs offer death. VR A15 (4) 15M 9/59



ADDRESS

Pa.Ave., SE

. IS RESIDENCE

YES NO NO

19

years

PERFORMED? NO [

SIGNED

25a, REC'D BY REGISTRAR | 25b, REGISTRAR'S SIGNATURE

Costa & the wa

DATE FEB 2 6 '62

IF UNDER 24 HRS.

ON A FARM?

62

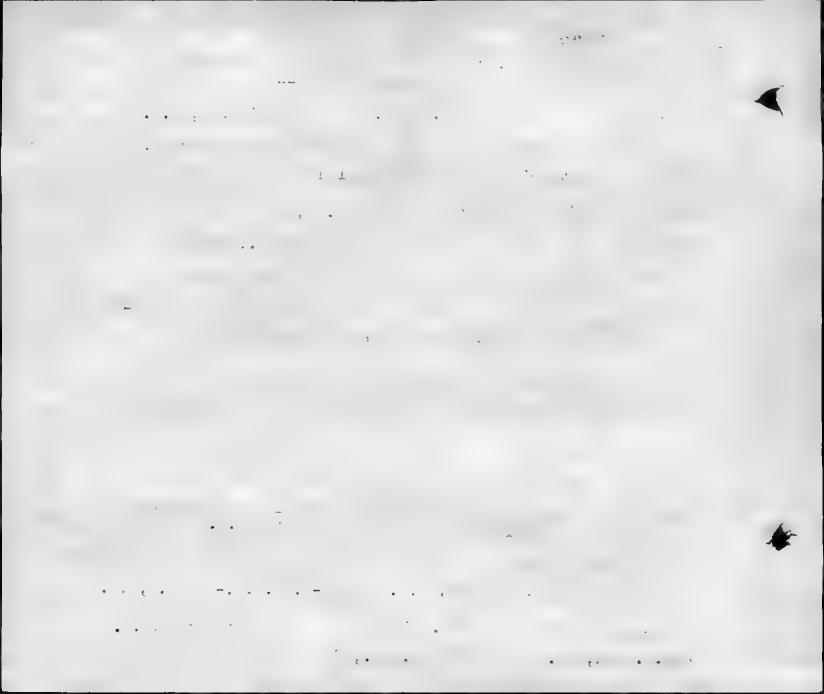
24

the

VR A15 (4)

15M 9/60

24 FUNERAL DIRECTOR'S SIGNATURE



# FOR STATE ours after deam, in ges 1, 2, and 3 to the Page 5, may be rest and 2 with the in 72 hoggetter of P.M.3. Pa pages 1 wilhin permit, File p " in pencil in Item 18 cOffice along with full aburial-transit permit, moval, and in any e ate, writing the word "pending or the Chief Medical Examiner's R. Page 3 should be used as a prior to burial, cremation, or re please execute the certificate, v t should be forwarded to the DECTOR: P TUNERAL DIRECTOR: p r its designated agent, prior DEPUTY ME

HEALTH DEPT. 1. PLACE OF DEATH e. COUNTY · SIATMaryland Prince George's MARYLAND b. City OR TOWN (if outside corporate Limits, & LENGTH OF STAY IN 16 Bladensbarg Bladensburg d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS 4105 53rd Avenue 4105 53rd Avenue 3. NAME OF 4. DATE DECEASED Karlstad (Type or print) Ida Harley DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH White Female Feb. 14, 1895 WIDOWED IN DIVORCED T IDE. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11 BIRTHPLACE (State or foreign country) done during most of working life, even if retired) Saleslady S outh Dakota 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Martin M. Karlstad Regina Hoff IS. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) ( (Ifyes give were redetes of service) 18. CAUSE OF DEATH [Enter only one cause gen | ne for (e), (b), and (c).] PART I. DEATH WAS CAUSED BY: UELCNESHRITIS IMMEDIATE CAUSE (a) DUE TO Conditions, If eny, which gave rise to Immediate cause (e), steting the underlying INFICTERTION \_ 208. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of Injury In Pert I or Pert I, of Item 18.) CAUSE OF DEATH. factory, street, office bldg., etc.) Not White et work et work 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection Natural causes 🔀 . Accident 🗍 . death resulted from: Suicide . Homicide | CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S James I. Boyd NAME (Type) Address (Street, city, town, or county) 220. BURIAL, CREMATION | 22b. DATE THEREOF 1 22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Burial 240 g Arlington National 23. FUNERAL DIRECTOR VS. A15ME FEB 2 0 '62 Francis Gasch's Sons Hyattsville, Maryland DATE 5M 9 60

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where decessed fived, if institution Residence befored mission) s. couprince George's c. CITY OR TOWN (If outside corporate lim is, write RURAL and give nearest lown) . IS RESIDENCE ON A FARM? YES NO X February 17 19 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. lest birthday) Months Deys 1 12. CITIZEN OF WHAT COUNTRY? Address Donald Charshee, same as # INTERVAL BETWEEN ONSET AND DEATH PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1.01 19, WAS AUTOPSY PERFORMED? YES KOK NO 20c. TIME OF INJURY Month, Dey, Year | 2Dd. INJURY OCCURRED 20c. PLACE OF INJURY (Home, farm, 20t. (City or rown) [County] (Stete) Inquiry Tr. and in my opinion Undetermined manner DATE SIGNED Feb. 17. 1962 22d. LOCATION (City, fown, or country) [Stete] Arlington. 246. REC'D BY REGISTRAR | 245. REGISTRAR'S SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH



# FOR STATE **HEALTH DEPT** 958 IO DEPUTY MEL. L. EXAMINER: This certificate should be executed within 24 hours after death. If any detay is nexplease execute the tertificate, writing the word "pending" in pendit in item 18. Give Pages 1, 2, and 3 to the funeral direct should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the fatter Board of or its designated agent, prior to burial, cremation, or removal, and in any event within 2 hours after define.

5M 9/60

# VS. ATSME

### MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 02240 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 02223

1	e. COUNTY
	mareland marrand mareland " Continue Conses
	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give meanest lower)
1	Helerost Height 2 month / Helerost Height
r	d. NAME OF HOSPITAL OR INSTITUTION (if for in hospital, give street address)  d. STREET ADDRESS  o. IS RESIDENCE ON A FARM?
ı	2323 Cotegroome Lerive 1313 Coted Correction 1000
	J. NAME OF DECEASED And A. DATE Month Day Year
	(Type or print) Some Bartlett Harrell DEATH Feb 17 1962
	5. SEX D. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR, IF UNDER 24 HRS.
И	male widowed Divorced Lac 15, 1961 lest birthday) Manths Days Hours Min.
4	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE [State or foreign country]
	hone Washret of Colembia h 5 a
	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 0
1	Harden te log Marrell Marelin Shennaril
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDCIAL SECURITY NO. 17. INFORMANT  [Yes, np. or unknown] [(If yes give were released feet year) [16. SDCIAL SECURITY NO. 17. INFORMANT]
Į	hone home Mrs Morely A. Harrell, Assic ast 2
-[	18. CAUSE OF DEATH  Enter only one cause per line for (e), (b), end (c).]
1	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) ONSET AND DEATH
1	DUE TO
1	Conditions, if any, which (b)
١	gave rise to immediate cause  (e), stating the underlying  DUE TO
ı	couse last. (c)
1	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
1	YES NO NO
1	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.a) 19. WAS AUTOPSY PERFORMED?  20e. EXTERNAL CAUSE WAS PRIMARY   or CONTRIBUTING   CAUSE OF DEATH.
	20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (State)  Hour e.m. While st work street, office bidg., etc.)
	P.m. 19 et work et work
1	21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion
1	death resulted from: Natural causes Accident . Suicide . Homicide . Undetermined manner
	CHIEF MEDICAL EXAMINER
1	SIGNATURE DATE SIGNED
	EXAMINERS DEPUTY MEDICAL EXAMINER A
	NAME (Type) / AM CS 1 / 2014 Address (Street, city, town, or county)
ł	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c NAME OF CHMETERY OR CREMATORY 22d. LOCATION [City, lown, or country] (Store)
	Burial reh. 20-62 arington Natt arlington Va
	23. FUNERAL DIRECTOR ADDRESS 240. REC'D BY REGISTRAR'S SIGNATURE
	1/2/2 Court Horse (CO) = 100 1 0 1001
	Demmons Bro. 1661-6000 Hope 1605 DATE FER 1 9 62 Living 8. France



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND 02241 CERTIFICATE OF DEATH 1, PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) a COUNTY Florida b. COUNTY Prince Georges Highlands **MARYLAND** b. CITY OR TOWN (If outside corporate limits, write. C LENGTH OF STAY IN 16 c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Andrews Air Force Base Lake Placed d. NAME OF HUSPITAL (If not in hospital, give street address) d. STREET ADDRESS USAF Hospital, Andrews AF Base Route 1, Box 354 Middle. 4. DATE Month Filled ELEANOR ELIZABETH HARR TS DEATH Pages February (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS 6 COLOR OR RACE 7 MARRIED NEVER MARRIED B DATE OF BIRTH 9. AGE (In years pletely 67 hirthday) Months Caucasian WIDOWED 6 April 189h Female DIVORCED | papers 10g USUA, OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) New York T 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME Wayne Pinkerton Mary Lee phys 17 INFORMANT 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO Address (Yes. no. or unknown) Wayne P. Litz (As above) (3) 18. CAUSE OF DEATH [Enter only one couse per line for (g), (b), and (c).] ä PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO á Conditions, if ony, which gove rise to immediate Pe DUE TO couse (a), stating the under lying couse lost. burial-transit been PART II OTHER SIGNIFICANT COND TIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY hos 20a ACCIDENT WAS UNDERLYING [ 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port or Port II of item 18.) certificate OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) the 20c TME OF INJURY Month, Doy, Year 20e PLACE OF INJURY (Home, form, 20f (City or town) 20d. INJURY OCCURRED factory, street, office bldg , etc.] While Not while of work of work spitol 21 I certify that (1) (thick writer) attended the deceased from 16:35 20 FEB. 19 12, to 10:46 20 FEB19 62 that (1) (we) lost 2016/19 1. 2. and that death accurred at 11/2000, from the causes and on the date stated above. saw the deceased alive an/0:35/11 HUNERAL DIRECTO MED DIRECTOR [ STAFF PHYS M.D 22c PHYSICIAN'S 22d. ADDRESS WILLIAM K. GROVE, Capt USAF MC USAF Hospital, Andrews AFB poge 3 the State 23d BURIAL CREMATION 236 DATE THEREOF 23d LOCATION (City town, or county) 23c NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) LAKE PLACID LEMETERY TRORIDA o 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25g REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE DATE FEB 2 3 '62

a. IS RES DENCE

Hours

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED?

YES NO I

(Stote)

SIGNED

(Stote)

20

USA

(County)

Crillian S. Minus

Days

ON A FARM?

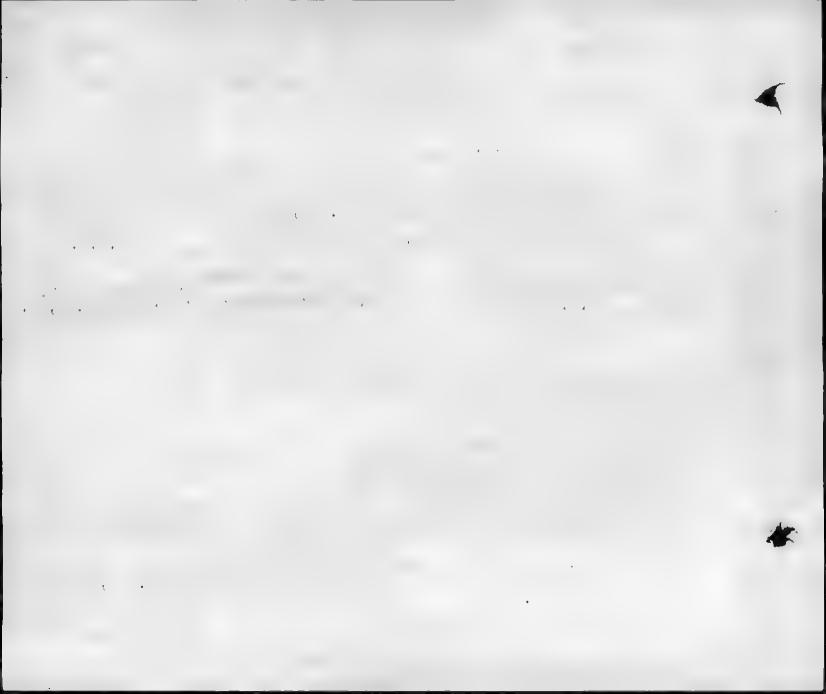
YES NO

Year

VR A15 (4)



18	Tr.	en 20 Film 307 2-26 MARYLAND STATE DEPARTMENT OF HEALTH	
1		Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND	
FOR STATE		022/2 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 02225	
EALTH DEPT.		LACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution Residence before admission	n)
		Prince George's MARYLAND * STATE Maryland b. COUNTY Prince Georg	e l
	Ŀ	c. CITY OR TOWN (if outside corporate Limits, write RURAL and give negrest fown) write RURAL and give negrest fown)	_
		Dakland Hillside	
oar oar	d	I. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)  d. STREET ADDRESS  ON A FARA	
dela bed te B		301 Marlboro Pike S.E.	
e fur Sta		NAME OF Fast Middle Last 4. DATE Month Dey Year OF	
The same	t	Type of print) Richard Newton Hayes   DEATH February 18 19 62	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	5. 3	6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8 DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IT UNDER 24 HR	Š.
pur Assurance of the same of t		ale White WIDOWED DIVORCED X Feb. 13, 1895 67 yrs.	
200		USUAL OCCUPATION (Give kind of work 1Db, KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Siele of foreign country) 12. CITIZEN OF WHAT COUNTI	¥7
Pages 1	_	Carpenter Construction Maryland U.S.A.	
A Se	13.	FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
7 S C C C C C C C C C C C C C C C C C C		Richard Newton Hayes Marion W Hagan	
75 F F F F F F F F F F F F F F F F F F F		WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT 2209 Jamorson St.	
		168 W.W.I 17574-03 Local Esther Richardson Hillorest Hghts, Md	
7 × 7 m	1	to detail to a street to the s	
0 p m = .5		18. CAUSE OF DEATH [Enter only one cause per line for (s), (b), and (c).]  INTERVAL BETWEEN ONSET AND DEATH	
exec ail in along ansit and ir		PART I. DEATH WAS CAUSED BY:    MMEDIATE CAUSE (e) Shook	
be exected in cell in cell in al-transit and in		PART I. DEATH WAS CAUSED BY:	_
ould be exection to be exection to be exection to office along burial-transit soval, and it		PART I. DEATH WAS CAUSED BY,    MMEDIATE CAUSE (a) Shook    9/6.8   Due to	_
ng" in pencil in r's Office along s a bural-transit removal, and in		PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (e) Shook  9/6. 8  Conditions if any, which gever rise to immediate cause  Universal Burns of the body	_
ica'e should be exect and in pencil in miner's Office along da as a burlal-transit or removal, and it		PART I. DEATH WAS CAUSED BY:    Shook   Part I. DEATH WAS CAUSED BY:   MMEDIATE CAUSE (e)	_
artificate should be exect bapending 'in pencil in Examiner's Office along to used as a burnal-transit from, or removal, and in		PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a) Shook  9/6. 8  Conditions if any, which geverise to immediate cause (a), stelling the underlying cause lest.  PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM. NAL DISEASE CONDITION GIVEN IN PART 1, a) 19 WAS AUTOPS	
Is certificate should be exect ord "pending" in pencil in cal Examiner's Office along the used as a burial-transit amation, or removal, and it		PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM.NAL DISEASE CONDITION GIVEN IN PART 1.a) 19 WAS AUTOPS PERFORMED?  YES NO ET AND DEATH  ONSET AND DEATH	
in this certificate should be exect the word "pending" in pencil in fedical Examiner's Office along fould be used as a burual-transit cremation, or removal, and it		PART II. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (e) Shook  9/6. 8  DUE TO  Conditions if any, which geve rize to immediate cause (e), stering the underlying cause last.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1.a) 19 WAS AUTOPS PERFORMED?  20a. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING TO PASSENGE HOW, NJURY OCCURED. (Enfor neture of injury in Part 1 or Part II of Hom 18.)	
VEX.: Inscentificate should be exect of the word "pending" in pencil in all Medical Examiner's Office along 3 should be used as a burial-transit urial, cremation, or removal, and ir	CERTIFICATION	PART II. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a) Shook  9/6. 8  DUE TO  Conditions if any, which geve rise to immediate cause (a), stelling the underlying DUE TO  cause lest.  PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1,3) 19 WAS AUTOPS PERFORMED? YES NO FRIMARY 10 or CONTRIBUTING DESCRIBE HOW INJURY OCCURED. (Enformedure of injury in Part 1 or Part II of Hem 18.)  PRIMARY 10 or CONTRIBUTING DESCRIBE HOW INJURY OCCURED. (Enformedure of injury in Part I or Part II of Hem 18.)  LIVING IN 811 3 TARRESTOR OF DEATH.	
With E.K.: This certificate should be exect writing the word "pending" in pencil in Chief Medical Examiner's Office along age 3 should be used as a burial-transit to burial, cremation, or removal, and it	CERTIFICATION	PART II. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (e) Shook    Shook   Shook	
A. A. A. M. Ins certificate should be exectly the writing the word "pending" in pencil in the Chief Medical Examiner's Office along 8:. Page 3 should be used as a bural-transition to burial, cremation, or removal, and in		PART II. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (e) Shook    Good-life of the pody   Conditions if any, which gever rise to immediate cause (e), stating the underlying   DUE TO   Cause last.   Column   C	_
LEXAMINER: This certificate should be executed by writing the word "pending" in pencil in the Chief Medical Examiner's Office along IOR: Page 3 should be used as a burual-transity prior to burial, cremation, or removal, and it	CERTIFICATION	PART II. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (e) Shook  9/6. 8  DUE TO  Conditions if any, which geve rise to immediate cause (e), stefing the underlying cause last.  PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1.a) 19 WAS AUTOPS PERFORMED? YES NO FOR AUT	_
ent, pr	CERTIFICATION	PART II. DEATH WAS CAUSED BY:    MMEDIATE CAUSE (e)	_
ent, pr	CERTIFICATION	PART II. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a)	_
the confidence to DIRECTO od agent, pr	CERTIFICATION	PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a)	_
the confidence to DIRECTO od agent, pr	CERTIFICATION	PART I. DEATH WAS CAUSED BY:    General Conditions of any, which gave rise to immediate cause (e), stelling the underlying cause last.    PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE YERM.NAL DISEASE CONDITION GIVEN IN PART 1,2) 19 WAS AUTOPS PERFORMED?   YES NO F   YES NO F   NO F   YES NO F	_
the confidence to DIRECTO od agent, pr	MEDICAL CERTIFICATION	PART II. DEATH WAS CAUSED BY:    Shook	_
DEFOIX MED ease execute the Q. (co should be forwarded to FUNERAL DIRECTO its designated agent, pr	MEDICAL CERTIFICATION	PART II. DEATH WAS CAUSED BY, MINICH CAUSE (a)	_
the confidence to DIRECTO od agent, pr	MEDICAL CERTIFICATION	PART II. DEATH WAS CAUSE (B)	_
please execute the confidence of should be forwarded to o FUNERAL DIRECTO or its designated agent, pr	MEDICAL CERTIFICATION	PART I. DEATH WAS CAUSE BY, MAKEDIATE CAUSE (e)	_



Item 2 Film G307 2/20/62 iwk
CERTIFICATE OF DEATH 02243 Reg. Dist. Na PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased used If institution Residence before admission) · COUNTYo. STATE b. COUNTY MARYLAND b CITY OR TOWN (If autside corporate limits, while c LENGTH OF STAY IN 15 c CITY OR TOWN (If autside corporate lymits, write RURA, and give nearest town) RURAL and give nearest town) RURAL-WASHINGIONES d. NAME OF HOSPITAL (If not in hospital give street oddress) OR INSTITUTION ON A FARM? YES NO Z Nec NAME OF 4. DATE Middle Losi Month Year DECEASED DEATH (Type or print) He 19 IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX MARROED | NEVER MARRIED | 18 DATE OF BIRTH 9. AGE (In years last birthday) Months Days campl 10a USUA. OCCUPATION (G ve kind of work done 10b during most of working life, even if retired) 12 CITIZEN OF WHAT COUNTRY? Ress Makek рио 13. FATHER'S NAME physica hours remove INFORMANT 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO p<sub>u</sub> attend INTERVAL BETWEEN 1B. CAUSE OF DEATH [Enter only one couse per line for (a) (b), and (c).] ā PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) Conditions if ony, which gove rise to immediate DUE TO cause (a), stating the underlying couse last been burial-trans PART 18. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 161 19. WAS AUTOPSY PERFORMED? YES | NO P 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I ar Part II of item 18.) 20a ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) CAL 20c TIME OF INJURY 20d INJURY OCCURRED 20e. PLACE OF INIURY (Home, form | 20f (City or town) Day, Year (County) (State) factory, street, office b dg , etc.) MED CI ED Not white of work at work 🗔 21. I certify that I attended the deceased from 192 that I last saw the deceased and M, fram the causes and on the date stated above. ADDRESS (Street, city or town state) ō TO FUNERAL DIRECT ACTUAL SIGNATURE prior PHYSICIAN'S registrar NAME (Type) 220 BUR A. CREMATION, 22b DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Stote) he -62, **ADDRESS** 246 REGISTRAR'S SIGNATURE VS A15 (4) O House DATE 15M 9/58

certificate



e funeral 2 should The aw require that the death certificate be executed within 24 hours after IO HOSPITAL OF ATTENDIES TENDIAL Within 24 death. Page 4 ma retained by the hospital or attending physician.

TO FUNERAL DIX.CTOR: After this certificate has been signed by the attending physician and completely filled in the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbop-papers. Pages 1 is be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after

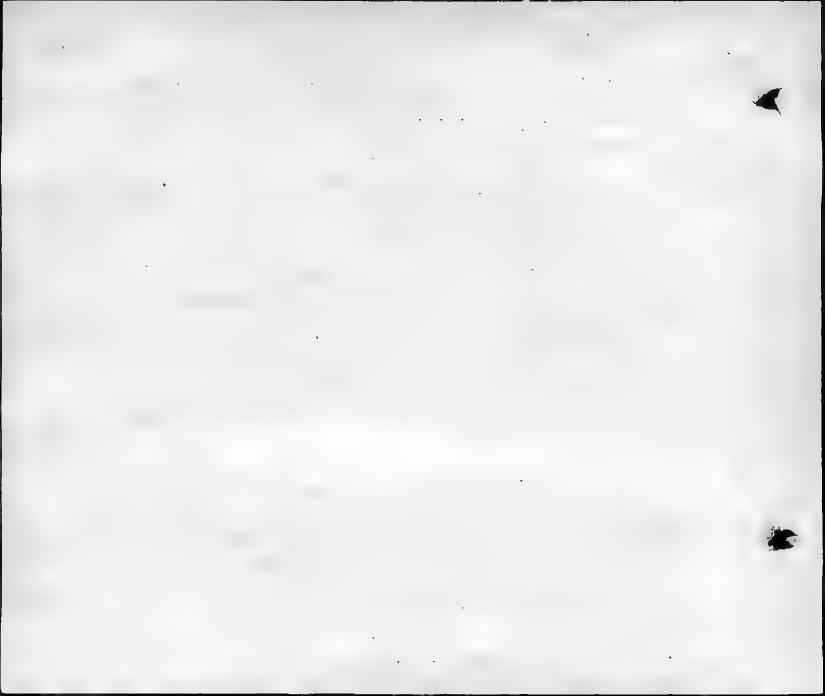
VR A15 (4) 15M 7,61

1

# MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 02227

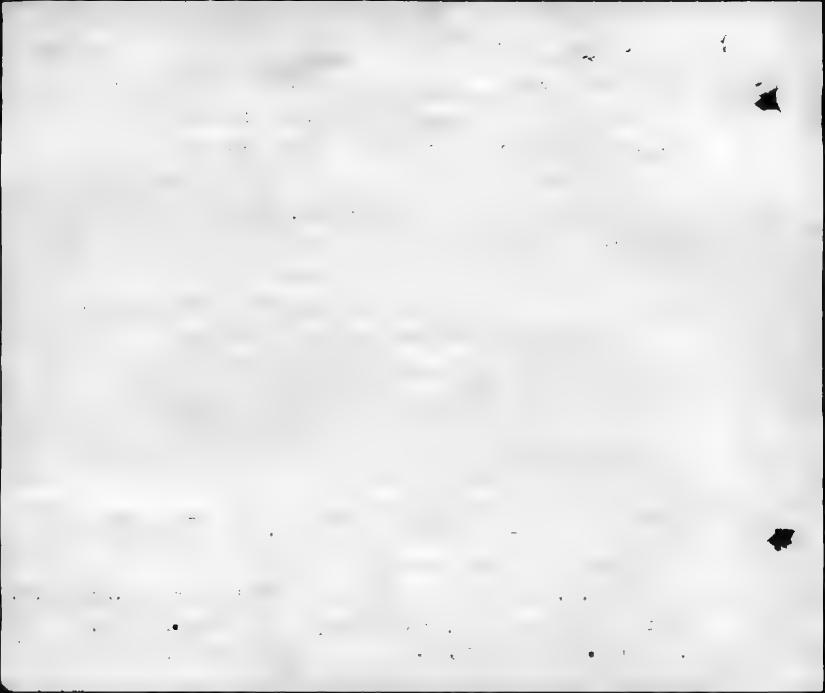
) [ˈ	1. PLACE OF DEATH	1	2. USUAL RESIDENC	E (Where deceased lived, If In	estrution. Residence before admission)				
4	Prince George's	MARYLAND	Maryland	b. COUNT	y nce George's				
	b. CITY OR TOWN the true compared limits, write RURAL and saved models from the	c. LENGTH OF STAY IN 16		t I LI outside corporale kmits, write					
	enroute to Hospital	D. O. A.	College Pa	rk '					
1	d. NAME OF HOSPITAL OR INSTITUTION (if not in hosp		d. STREET ADDRESS	€- +	IS RESIDENCE				
	Leland Memorial Hospital	97114 52nd	Avenue	YES NO					
$\langle  $	3. NAME OF First DECEASED	Middle	Last	4. DATE Month	Dey Year				
П	(Type or print) Elwin	Но	lcombe	DEATH Feb.	8 1962				
4	5. SEX 6. COLOR OR RACE 7. MARRIED		DATE OF BIRTH	2   last birthday)	F UNDER 1 YEAR   IF JNDER 24 HRS.				
	Male White WIDOWED		,	40 уп.	'				
	one vousing most of working trie even if retired]	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE COUNT	y & State, or fore gn country]  ** O 1 \bar{Q}	12. CITIZEN OF WHAT COUNTRY?				
	13 EATHER S NAME	1	14. MOTHER'S MAIDEN N	JAME.	_ 0. 5				
	J. Carl Holeo	mbe	Lulu	Belle	Ridings 1				
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. S. (Yas, no og uniown) (Hypospive war or dates of service)	OCIAL SECURITY NO. 17. 2N	S. HOUISE	Holcom	be same				
	18. CAUSE OF DEATH  Enter only one cause per li	ne for (e), (b), end (c,.)			I INTERVAL BETWEEN				
$\blacksquare$	PART I. DEATH WAS CAUSED BY:	1.011			ONSET AND DEATH				
	IMMEDIATE CAUSE (6) LL LL II L CCC.								
	Consisions, if any, which is the trummely field-litely ( 12 consel . 5 you're								
	gove rise to immediate cause (								
1	(a), steting the underlying DUE TO	abelia pu	Eletra		Il yeder				
	Z PART II. OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT NOT	RELATED TO THE TERMIN	AL DISEASE CONDITION GIVE	N IN PART 1(a) 19. WAS AUTOPSY				
	PART II. OTHER SIGNIFICANT CONDITIONS CON				PERFORMED?				
	200 ACCIDENT WAS JINDERLYING 206, DESC	CRIBE HOW INJURY OCCURED.	(Enter nature of infury in Po	ert I or Part I, of 1em 18 )	1.00				
	OR CONTRIBUTING (CAUSE OF DEATH	-							
1		NJURY OCCURRED   200. PLAC	E OF INJURY (Home, farm, y, street, office bldg., etc.)		(County) (Steta)				
1	Hour s.m While p.m 19	Not While factor	y, sireel, conce blog., etc.,						
	21. I certify that (I) (this hospital) attend	led the deceased from	Deteber 1	96/ 10/64 8	196 4 that (I) (we) last				
	saw the deceased alive on 1 F-1				nd on the date stated above.				
	220. SIGNATURE	* ,			22b. DATE				
	1 In der	who me		ED. STAFF RECTOR PHYS.	SIGNED				
	22c. PHYSICIAN'S	Days day	22d. ADDRESS						
	NAME (Type) J. F. PEGI, 1/8/	BAKRINID	4500 (0	11194 166	allege PAIN INC				
	23e. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OF	R CREMATORY	23d, LOCATION (City, town	or county) (Siete)				
7	ransportation 2/8/62	Canton		Georgia					
	24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25a, REC	D BY REGISTRAR   256. REGI	STRAR'S SIGNATURE				
	F. Gasch's Sons Hyatts	sville, Md.	DATE FE	1 1 3 '62	and S. Kraus				



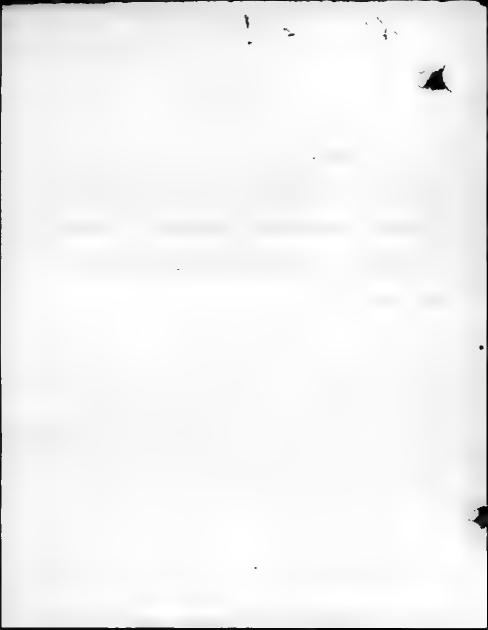
### MARYLAND STATE DEPARTMENT OF HEALTH ON STREET, BALTIMORE 1, MARYLAND DIVISION OF STATISTICAL RESEARCH 2. USUAY RESIDENCE (Where deceased I ved finshitution Residence before edm ss on) Prince Georges MARYLAND c. CITY OR TOWN (If outs de corporate I m ts, write RURAL end give nearest town) c. LENGTH OF STAY IN 16 2215 E Riverdale a. S RESIDENCE ON A FARM? YES NO F 61st Last 4. DATE Day DEATH Holava 19. A JE (In yours IF UNDER 1 YEAR) B. DATE OF BIRTH IF UNDER 24 HRS. ast birthdey) Months | Days 29 Sept./18 85 10b. KIND OF BUSINESS OR INDUSTRY 11, B.RTHPLACE (County & Stele, or foreign country) I 12. CITIZEN OF WHAT COUNTRY? Unknown 14 MOTHER S MAIDEN NAME Unknown Address Hospital Records Cheverly, Md. INTERVAL BETWEEN ONSET AND DEATH PERFORMED? NO T 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part , or Part II of tem 18.) 20d, INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or fown) (County) factory, street, office bldg., etc.) 19 62, and that death occurred at 1.1044 om the causes and on the date stated above. 22b. DATE ATTENDING SIGNED DIRECTOR PHYS. PHYS. 22 d. ADDRESS Prince George's General Hosp., Cheverly, Md.

23c. NAME OF CEMETERY OR CREMATORY I 23d. LOCATION (City, town or county) Ft. Lincoln Cematery Colmar Maner

250, REC'D BY REGISTRAR | 25b, REGISTRAR'S SIGNATURE DATE MAR



As Mr. Paul Haleva had no living relatives and a friend Mr. Alexander Hamilton assumed responsibility for the funeral we were unable to gather any further information for the death certificate



filed with

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

02246

02229

1. PLACE OF DEATH			MARY		2 USUAL RESIDEN	ICE (Wh	ere deceased	lived. If instituti		ce before	adm'ss o	on)
	GEORGES (If outside corporate limit	ts, write   c. l	ENGTH OF STAY		DISTRI			UMBIA ) rote limits, write if	URAL ond o	give neare	st town)	
RURAL and give i	negrest town)							,				
	S AIR FORCE		L DAY		d STREET ADDI		N				is RESII	DENCE
OR INSTITUTION			,	- 11	1						ON A	FARM?
	FORCE HOSP		447.4.11			45TH	AVENI					
3. NAME OF DECEASED	Fir		Middle		Lost		4. DATE OF	Mor		Day		wor .
(Type or print)	HARROLD	Т .	LUTHER		HOLTMANN		DEATH	FEBRUA 9. AGE (In years	4	1 YEAR IF	_	9 62
S SEX	6. COLOR OR RACE		NEVER MARRIE	_ [	DATE OF BIRTH	Ti stiller		lost birthdoy)	Months		Hours	Min
MALE	CAUCASIAN	WIDOWED [	~	-	7 SEPTEME		1920	41 yrs.	I O CITE	7.5.		The state of the s
during mast of wo	ION (Give kind of work or rking life, even if retired)	)					or foreign o	ountry]	12 CITI	IZEN OF W	/HAT CC	DUNTRYY
OFFICE	R	US	AIR FORCE	≦	OKLAHON				UNI	TED	STA?	<u>res</u>
13. FATHER'S NAME	. /				14. MOTHER'S MA	VIDEN N	IAME					
	Unterno	m			KATHRYN	MAR	IE					
15 WAS DECEASED EV	ER IN U. S. ARMED FOR		IAL SECURITY NO	17 INF	ORMANT			Ade	Iress			
YES	1943-PRESE		-16-3413	PE	RSONNEL	- 1	COR	DS				
18 CAUSE OF DE	ATH [Enter only one co	use per line fo	r (o), (b), and (c).								VAL BET	
PART I DE	PART I DEATH WAS CAUSED BY HEMORRHAGIC DIATHESIS								20 HOURS			
DUE TO												
Conditions if	CHRONIC DECOMPENSATED LIVER DISEASE							UNKNOWN				
gove rise to	immediate Duc TO									1		
lying couse lost	couse (o), staling the <u>under-</u> lying couse lost.    DUE TO											
Z PART II O'	THER SIGNIFICANT CON	·	TRIBUTING TO DEA	ATH BUT I	OT RELATED TO TH	IE TERMI	NAL DISEASE	CONDITION GI	VEN IN PAR	T 1(a) 19	WAS A	MITOPSY
ATIC											PERFOR	RMED?
PART II O'  200 ACCIDENT W OR CONTRIBUTION  (IF EITHER, NOTIF	AS JNDERLYING	20b DESCRIBI	E HOW INJURY O	CCU RRED	(Enter nature of in	jury in l	Part I or Part	II of item 1B )		1	0.0	
OR CONTRIBUTING	AS UNDERLYING  G CAUSE OF DEATH MEDICAL EXAMINER					. ,						
	IRY Month, Doy, Ye	or 20d INJUR	Y OCCURRED	20e. PLA	CE OF INJURY (Hon	ne. farm	20f. (City	or town!		County)		(Stote)
20c. TIME OF INJU		While	Not while		ory, street, office ble					200,,		1,,,,
		of work						-				
	at (I) ( <b>MGMGGM</b>											
saw the deced	sed alive an 6 P	EBRUARY	19 <b>62</b> , and	that de	eath accurred a	ıt6P	M, fram	the causes a	nd an the	e date s		
220 SIGHATHE	120 1	110	10 -	-	ATTENDING _	- 444	ED	STAFE			22b	SIGNED
1 4 000	1017	- I MY	2	N	D PHYS	MI DI	RECTOR -	STAFF PHYS		6_	FEB	62
PAYSICIAN'S NAME (Type)					22d. ADDRESS							
	BERNARD F	CLOWDUS	, Capt U	SAF N	ic  USAF i	HOSP	ITAL,	ANDREWS	AIR I	ORCE	BAS	3E, 1
230 BUR AL, CREMAT	1 1 10 10 1	/ _	NAME OF CEM	ETERY OR	CREMATORY		23d LOCA	IION (City, town,	or county)		(Stote	e)
SHIPPYANT	1 2-8-	02					140	5KOGA	SE C	3461	114	ONTE
24 FUNERAL DIRECTO	R'S SIGNATURE	N	ADDRESS	CC.	ach Do 25	ia. REC"	D BY REGIST	RAR 25b REG	STRAR'S SI	GNATURE		
W.W.C	hamlers	6 3	577-11=	`S7-	JE . P D.	ATE FE	B 9 1	52 (	Sun, S.	Harris	4	
								1	1 251	A ALBERTANCE	de .	

may be rehained by ospital or attending physician.

TO FUNERAL DIRECTO—first this certificate has been signed by the attending physician and campletely filled in by the fupage 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld the State Board at Health prior to burial, cremation, ar remaval, and in any event, within 72 haurs after death.

VR A15 (4) 1SM 9/59



4 .	MARYLAND STATE DEPARTMENT OF HEALTH
*	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	02247 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 02230
HEALTH DEPT.	1. PLACE OF DEATH  2. USUAL RESIDENCE (Where decassed I ved, If institution: Residence befor, admission)  a. COUNTY
Page /	Prince George's Maryland * STATE Maryland b. COUNTY Prince George
The state of the s	b CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporete limits, write RURAL and give nearest lown) write RURAL and give nearest lown)
	Cheverly Kennelworth
dir.	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?
dela lera ed f e B	Prince George's General Hospital   1708 Kennelworth Ave.   YES   NO W
Stat fur sain	3. NAME OF First Middle Last 4. DATE Month Day Year OF
Ha the the	(Type or print) Sidney Horsey DEATH February 24, 19 62
death d 3 to ay 5c with s afte	5. SEX   6. COLOR OR RACE   7. MARRIED NEVER MARRIED   8. DATE OF BIRTH   9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HS.   Last burthday)   Monthel Dave House   Min.
and may 22 w 22 w	Male   colored widowed   Divorced   Jan 29 1932 30 vrs
\$ 20 E 2	10s LSLAL OCCUPATION (G.ve kind of work done with the superior of the superior
2.2 S. C.	Property Clerk St. Elizabeth Maryland U.S.A.
Pages A3. Pa	13. FATHER'S NAME
Give P Give P file pa enf wi	Sidney Stevenson Frances Horsey
A COLOR	15 WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO 17 INFORMANT  (Yes, no, or unknown) I (If vatoly awar or detay of service)
Def E	(Yes, no, or unkown) [(Iryasgivawarorders of service)] 217–28–3381 Howard Horsey (Same as two)
Cure The W	18. CAUSE OF DEATH [Enter only one cause per like for (e), (b), and (c) ]  (INTERVAL BETWEEN ONSET AND DEATH
cil in along ransit	PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (6) LOCK + HEMON HAGE
pence a lai-tr	DUE TO CELL
ould in p Office burit	Conditions, if any, which of ChES!
R D v 0 5	gava rise to immediate cause (a), stating the underlying DUETO
or or	cause lasi (c)
ertificate I "pendir Examiner s used as	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BLT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(4) 19. WAS AUTOPSY PERFORMED?
2 2 2 2 2	YES X NO 1
L. This he wo lould cret	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BLT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED?  YES NO   206. EXTERNAL CAUSE WAS  PRIMARY OF CONTRIBUTING  CAUSE OX DEATH  Stabbed in chest during and altercation
日本文学 活	The state of the s
AMINER Writing It Chef M Page 3 sh to burial	20c. Time OF INJURY Month, Day Year ZDd INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f (City or town) (County) (State)
A Pa	1:28 XX 2/24/62 of work of work Home Kennelworth P. G. Md
A capacity of the capacity of	21 I certify that I took charge of the remains described above, held an Autopsy inspection X, Inquiry X, and in my opinion
できるいは	death resulted from: Natural causes Accident Suicide Homicide Undetermined manner
MET HE CERTIFICATION OF THE CONTROL DIRECT	CHIEF MEDICAL EXAMINER
ME the forward of the bit of a stood a	SIGNATURE DATE SIGNED
DEPUTY ME ease execute the should be forver FUNERAL D. its designated.	DEPUTY MEDICAL EXAMINER 2/24/62
D X P N N N N N N N N N N N N N N N N N N	NAME (Typa) / JAMES I. BOYD. M.D. Addrass (Street, city, town, or county)
DEP should FUN	220. BUR.AL, CREMATION, (122b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country)
5 g 4 5 g	BUCIAL TEO 30 MILL PEAT MINION MILLS
VS. AISME	23. FUNERAL DIRECTOR  ADDRESS
5M 9/60	Hulbory E. Ware Criffield 110. DATE 5 162 . M. S. Thomas
	el I



VR A15

1. 1

10a Re 13.

(Yes

CERTIFICATION

	DEPARTMENT OF HEALTH DS, 301 W. PRESTON STREET, BALTIMO	ODS 1 MARYLAND
DIVISION OF STATISTICAL RESEARCH AND RECORD  OPENSAGE  CERTIFICA		02231
LAGE OF DEATH COUNTY Prince George's MARYLAND CITY OR TOWN (if outs'de corporate limits, write RURAL and give neerest fown) Cheverly NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Prince George's General Hospital IAME OF ECERSED (ype or print) EX 6. COLOR OR RACE 7. MARRIED MIDOWED DIVORCED	C. CITY OR TOWN (II outside corporate kimits, write  7. College Park  d. STREET ADDRESS  9027 49th Place  Last  A DATE OF DEATH Februe  B. DATE OF BIRTH  9. AGE (In yeers last buthday)  83 yrs.	Pay 19 19 62  If UNDER 1 YEAR   IF UNDER 24 HRS. Hours Min
osual occupation (Give kind of work to during most of working life, even if retired)  t. Engineer  FATHER'S NAME  Josiah A. Hunt		U.S.A.
WAS DECEASED EVER N U.S ARMED FORCES? 16, SOCIAL SECURITY NO. 17.	INFORMANT  Address  Mrs. Cora G. Hunt Same a	s #2 (Wife)
Duf TO	SCULAR COLLAPSE	INTERVAL BETWEEN ONSET AND DEATH 1 2 4 12 5
Conditions, if eny, which governie to immediate cause (e), slating the underlying cause last  PART I OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT N		N N PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO NO
206 ACC DENT WAS UNDERLYING 206 DESCRIBE HOW INJURY OCCURE DR CONTRIBUTING CAUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. Enter neture of injury in Peri I or Peri I of Hem 18	
	LACE OF INJURY (Home, form, 201, (City or lown) inclory, street, office bldg., etc.)	(County (State)

MEDICAL 21. I certify that (I) (this hospital) attended the deceased from. 1855 to 746 19, 1962, that (I) (we) last saw the deceased alive on... 75619 1962, and that death occurred at 1.1 AM, from the causes and on the date stated above.

22b. DATE 2/19/62 SIGNED ATTENDING ANED STAFF

WHIT COMERCE 3503 PRANY STMT RAINIER ML
123d. LOCATION (City, town or county, 22c. PHYSICIAN'S 1 23c. NAME OF CEMETERY OR CREMATORY

23a BUR AL, CREMATION | 235, DATE THEREOF Burial (Specify) 2/22/62 Ft. Lincoln

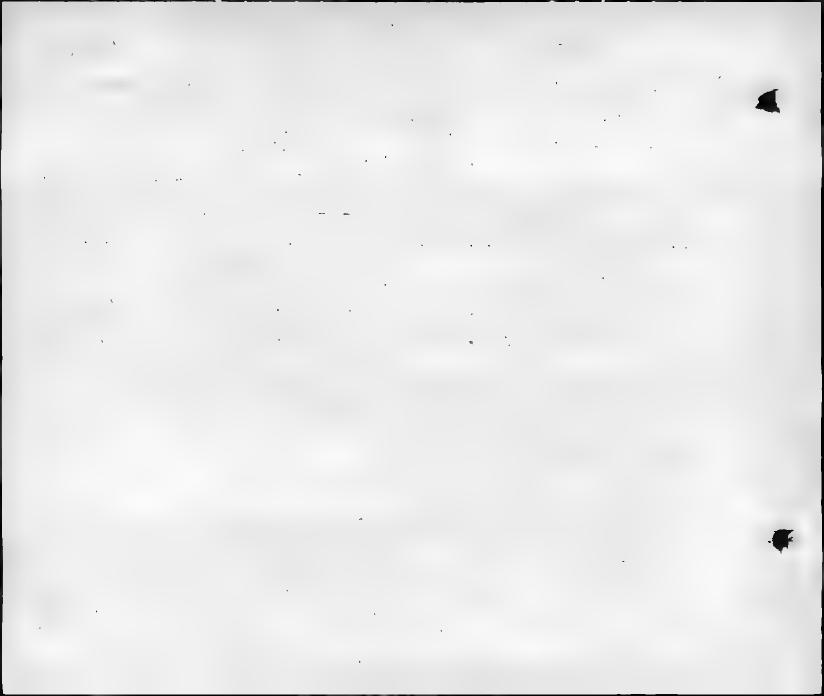
(State) Md. Colmar Manor,

24 FUNERAL DIRECTOR'S SIGNATURE Francis Gasch's Sons

Hyattsville, Md.

ADDRESS

25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE washing S. Thomas



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



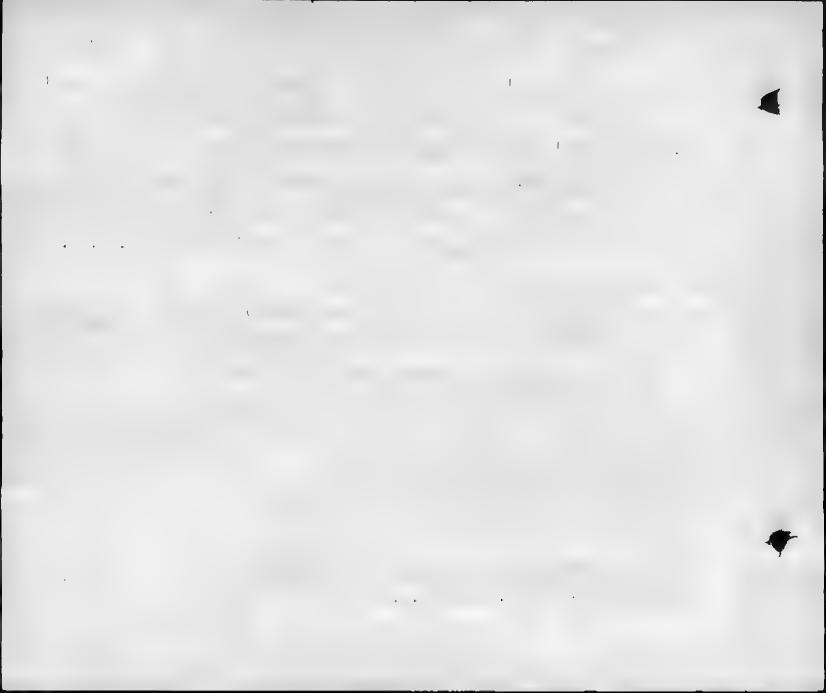
RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE 1, MARYLAND 02250CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edm.ssion) e. COUNTY **b.** COUNTY Prince George MARYLAND b. CITY OR TOWN ('f outs'de carporete limits, C LENGTH OF STAY IN 16 c. CITY OR TOWN (if outside corporete limits, write RURAL end give neerest town) write RURAL and give nearest town! 4aurel 4. IS RESIDENCE filled d. NAME OF HOSPITAL OR INSTITUTION 'If not in hospi d STREET ADDRESS ON A FARM? Box 568A Star Route Laurel General Hospital erely 3. NAME OF M.dd e DECEASED OF (Type or print) DEATH February 10 19 62 Iager Marv 6. COLOR OR RACE T MARRIED NEVER MARRIED 9. AGE (in years IF UNDER ) YEAR IF JINDER 24 HRS. 8. DATE OF BIRTH last birthday) Months Days Hours WIDOWED K DIVORCED Female 1 12. CITIZEN OF WHAT COUNTRY? 10e. JSUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY BIPTHPLACE 'County & State, or fore an country' Maryland phys 13. FATHER 14. MOTHER'S MAIDEN NAME attending ple [Yes, no, or unkown] (If yes a vewer or dates of service) Hospita Records 18. CAUSE OF DEATH (Enter only one cause per line for (e), (b) and (c). INTERVAL BETWEEN ONSET AND DEATH DEATH WAS CAUSED BY IMMEDIATE CAUSE (e)\_ DUE TO Conditions, if any, which (b) gave rise to immediate cause DUE TO (a), steting the underlying PART I., OTHER SIGNIF, CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA, DISEASE CONDITION GIVEN IN PART 1(6): 19. WAS AUTOPSY PERFORMED? NO 20e. ACCIDENT WAS UNDERLYING | 20b. DESCRIBE HOW INJURY OCCURED. IEnter neture of injury in Pert I or Pert II of Tem 18
OR CONTRIBUTING | CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) 20d, INJURY OCCURRED | 20s, PLACE OF INJURY (Home, farm, 20f. (City or lown) (County) (State) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) While Not While Hour e.m. at work 21. I certify that (I) (this hospital) attended the deceased from I. ... ..... 190.4., that (1) (wo) last 2., and that death occured a 35 M. from the causes and on the date stated above. saw the deceased alive on. 22b. DATE 22e. SIGNATURE SIGNED STAFF ATTENDING DIRECTOR ! PHYS. PHYS. 22d. ADDRESS NAME (Type) Prince George Street, Laural, Maryland Idolo Pierandrei, M.D. 23c. NAME OF CEMETERY OR CREMATORY (Stele) 0 कें क 25a. REC D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 EUNERAL DIRECTOR'S SIGNATURE ADDRESS VR A15 (4) 15M 9/60



Division of STATISTICAL RESEARCH Item 14 Film Gous 2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before edmission) 1. PLACE OF DEATH A e. COUNTY b. COUNTY George s Prince Prince George's MARYLAND b. CITY OR TOWN (if outs de corporate I mils, c. CITY OR TOWN (If outs de corporate I im ts, write RURAL and a ve nearest fown) C. LENGTH OF STAY IN 16 write RURAL and give nearest town) Cheverly hours Deanwood Park d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d STREET ADDRESS . IS RESIDENCE ON A FARM? YES NO Prince George's General Hospital 5216 Maple Road NAME OF 4 DATE Month DECEASED DEATH February (Type or print) Jackson 19 Da1sv 9 AGE (In years | IF UNDER I YEAR IF UNDER 24 HRS 2 with ours after 6 COLOR OR RACE 7, MARRIED NEVER MARRIED 8 DATE OF BRITH last birthday) Months Days Female W DOWED DIVORCED 10a. JSJAL OCCUPATION (G ve kind of work 12. CITIZEN OF WHAT COUNTRY? 10b, KIND OF BUSINESS OR INDUSTRY! 11 B RTHPLACE (State or foreign country) done during most of working life, even if retired) South Carolina Own Home House wife pages 1 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME form form Jim Smith Marv unknown 15. WAS DECEASED EVER IN J.S. ARMED FORCES? 16. SOCIAL SECURITY NO 1 17 INFORMANT Address (Yes, no, or unknwn) (Ifyesgive werer detes of service) George Jackson, as # same INTERVAL SETWEEN 18 CAUSE OF DEATH [Enter only one cause per line for (a) (b) end (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY. Cerebravasoular accident IMMEDIATE CAUSE (6) Cardiovascular renal disease Conditions, if 'my gave rise to immediate cause DUE TO (e), stating the underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 8' 19. WAS AUTOPSY PERFORMED? NO 1 206 DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part I of Iam 18.) 20a EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING CAUSE OF DEATH. hief e 3 buri 20c. TIME OF INJURY 20d, NJURY OCCURRED 20e PLACE OF INJURY Home, farm, 20f. (City or town) (County) (State) fectory, street, office bidg., etc.) ! While Not While et work et work 21 I certify that I took charge of the remains described above, held an Autopsy | , Inspection | 1 and n my opinion Undetermined manner death resulted from Natural causes 😓 Accident Suicide | Hamicide CHIEF MEDICAL EXAMINER slease execute the first should be forward. FUNERAL Director its designated a ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER NAME (Type) Address (Street city, Iown, or county) 224. NAME OF CEMELERY OR CREMATORY 220 PORIAL CREMATION, 40 6 248 REC'D BY REGISTRAR I 246 REGISTRAR'S SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH

RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLA CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY e, STATE **b.** COUNTY Prince George's
b. CITY OR TOWN (If outside comparate limits, MARYLAND Prince Gorges E. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neeres! town) write RURAL and give nearest fown) for yo d. NAME OF HOSPITAL OR INSTITUT ON (if not in hospital, g ve street eddress) Caritol Heights Board dire d. STREET ADDRESS a. IS RESIDENCE any delay ON A FARM? funeral retained he State E 6117 Kingston Prince George's Road YES NO A General Hospital 4. DATE DECEASED OF 3 to the the (Type or print) DEATH Edward Louis Jarboe 1962 es 1, 2, and 3 to Page 5 may be s 1 and 2 with 1 n 72 hours afte 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months | Days Hours WIDOWED DIVORCED Dec. 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 1 12. CITIZEN OF WHAT COUNTRY? hours aft Pages 1, 2 M3, Page done during most of working life, even If retired) Handler Railway Express Washington D. C. pages 1 Within P.M3. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Give Benjamen E. Jarboe margret Lena Heisler Fie avent. with form I permit. File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Addres Ragiant Valley, IYes, no, or unknown) I (If yes alve wer or dates of service) sr's Office along with the same aburial-transit permit removal, and in any a Stonlish Drive James J. Jarboe 6901 IB. CAUSE OF DEATH [Enter only one cause per line for (s), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: EREBRAL IMMEDIATE CAUSE (a) DUE TO Conditions, if eny, which {b} gave rise to Immediate sause DUE TO (+), stating the underlying Examiner as ò ould be used a cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1 9); 19, WAS AUTOPSY PERFORMED? the Chief Medical E. R.: Page 3 should be rior to burial, cremati writing the word NO F 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of Item 18.) PRIMARY | or CONTRIBUTING | EXAMINER: CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stete) factory, street, office bldg., etc.) While Not While Hour a.m. should be forwarded to the FUNERAL DIRECTOR: Pils designated agent, prior jat work at work 21. I certify that I took charge of the remains described above, held an Autopsy 🔀. Inspection 😿 Inquiry and in my opinion death resulted from: Natural causes Suicide Undetermined manner Accident | Homicide 1 CHIEF MEDICAL EXAMINER O DEPUTY ME should be for ACTUAL ASSISTANT MEDICAL EXAM NER DATE SIGNED SIGNATURE boro Pike Forestville, Md. Marl ames I Boyd 220. BURIAL, ADMARON 226. DATE THEREOF 22c NAME OF CEMETERY OF XECONOMY 22d. LOCATION (City, town, or country) ঠ 40 Suitland, Maryland. Feb. 12, 1962 Washington National 246. REC'D BY REGISTRAR | 246. REGISTRAR'S SIGNATURE YS. ATSME W. CHAMBERS CO. . Riverdale. Md. 5M 9/60 DATEFFE 1 3 '62



		MARYLAND STATE DEPARTMENT OF HEALTH						
			DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND					
ू पंजी अ	_/		CERTIFICATE OF DEATH					
after uneral	X		PLACE OF DEATH  2. USUAL RESIDENCE (Where Secessed I ved Fifstriut on, Residence before admission)  3. COUNTY					
hours See 1			b. CITY OR TOWN (if outside corporate I mits, write RURAL and give nearest town)  write RURAL and give nearest town)					
thin 24 led in ages 1	77		Cheverly 4 days  d. NAME OF HOSPITAL OR INSTITUTION (f not in hospital, give street eddress)  d. STREET ADDRESS  4. STREET ADDRESS  4. STREET ADDRESS  5. IS RESIDENCE ON A FARMY					
A will		1	Prince Georges General Hospital 612 60th Place YES NO 1					
executed completely on papers thin 72 ho		1	NAME OF First Middle Last 4, DATE Month Day Yeer DECEASED OF OF The Company of Th					
exe comi comi thin			SEX 16. COLOR OR RACE 7 MARRIED TO NEVER MARRIE 8. DATE OF BIRTH 9 AGE III YEAR I F UNDER 1 YEAR I IF UNDER 24 HRS.					
certificate be esphysician and copression and coperant any event, with		10a doi	Female Black WIDOWFD TO VORCED XX Oct. 15, 1880 81 82 yra Months Days Hours Min.  USCAL OCCUPATION (Give kind of work in declar of working life, over it refere) Washington, D.C.  Washington, D.C.  FATHER'S NAME					
ing lease d in								
the de attend Then pl			John H. Fitcher  WAS DECEASED EVER IN U.S. ARMED FORCES 10 SOCIAL SECURITY NO. 17. INFORMANT  Address  Address  (Ifyasgivewarordatesofsarvice)					
s tha an. y the mit. rem		-	18. CAUSE OF DEATH [Enter only one cause per line (or (e,, tb), and tc)., ONSET AND DEATH					
ysici ed b ed b			PART I. DEATH WAS CAUSED BY. IMPEDIATE CAUSE (0) Intestinal Obstruction Days					
law reciding phasen sign			Conditions, if any, which by Volvulus of Cecum 10Days give rise to immediate course					
f. The has by he buri			(a), stefing the underlying DUE TO couse lest. (c)					
ital care as it to be	Z	MOIL	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  PERFORMED?  YES I NO DO  YES IN O DO  YES IN					
he hosp he hosp uis certif for use h prior		CERTIFICATION	200. ACCIDENT WAS ENDERLY NG ] 20b. DESCRIBE HOW INJURY OCCURED. (Prior neture of pury in Pert Lor Part I. of Hem 18.)  OR CONTRIBUTING TO EASTH  (If EITHER, NOTIFY MEDICAL EXAMINER),  PER LO PART L. OF HEM 18.)					
DING hed by (After the etached of Healt		MEDICAL	20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20s. PLACE OF INJURY (Home, farm, 20f. (City or lown) (County) (State)  Mour e.m. While Not While fectory, street, office bldg., atc.)					
os d			21. I certify that M (this nospital) attended the deceased from 1/30					
P P			saw the deceased alive on					
4 may DIK: 3 sho			228. SIGNATURE  MD ATTENDING MED. STAFF PHYS.   ATTENDING PHYS.   D RECTOR PHYS.   2/3-/63  22b DATE SIGNED					
OSPITAI h. Page / UNERAL	1		22c. PHYSICIAN'S NAME (Type) Dr. William A. Holbrook  4500 College Avenue, College Park, Md.					
出る時を集			BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (C ty, town or county)					
င် နှင့် နှင့်			2. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
VR A15 (4) 15M 9/60	R	24	FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  250. REC'D BY REG STRAN 256. REGISTRAR'S SIGNATURE  250. REC'D BY REG STRAN 256. REGISTRAR'S SIGNATURE  ADDRESS  909650 1 1 Knows					
	A 1/3		The state of the s					



## VR A15 (4) 15M 7 61

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND (2254)

	PLACE OF DEATH		ENIDENCE	(Where decease	ed lived, If institution	oni Residence	before admission)
	Prince Georges MARYLAND	e. STATE	D.	C.	b. COUNTY	-	✓
	b. CITY OR TOWN (if outside corporate limits, c LENGTH OF STAY IN 16		TOWN (If ou	itside corporale	timits, write RURAL	end give nee	rest town)
	Glern Pale (rural) 1 yr., 5 mos.  And 26 days.  A NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET A		shingto	n	41.	a. IS RESIDENCE
	Glenn Tale Hoshital	1	D.0	C. Vill	age		ON A FARM? YES NO X
3.	NAME OF First Middle	Last	4.	DATE	Month	Day	Year
	OFFICE ROBERT - ROBERT -	Johnson		op Death	2	12	19 62
5.	SEX 6 COLOR OR RACE 7. MARRIED X NEVER MARRIED	DATE OF BIRTH			E (In years   IF JND		UNDER 24 HRS.
	Male   Negro   WIDOWED   DIVORCED	? ?	1908	53	yrs.   Month	IS Days I	Hours Min
10a do	USUAL OCCUPATION Give kind of work   19b. KIND OF BUSINESS OR INDUSTRING most of working life, even if retired,	RY 11 BIRTHPLA	CF (County 8	k State, or forei	gn country) 12.		WHAT COUNTRY?
	Unknown (employed) Unknown	S.C.				U.S.A	• _
13	FATHER'S NAME	14. MOTHER'S		ME			
	George Johnson		nie ?	-			_
	WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17, 18, 90, or unknown) [lifyesgivewerordetasofsarvice]				Address		
	No - Unknown (lost)	Deceder	nt				2
	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b,, and ,c),]						YAL BETWEEN  J AND DEATH
	PART I. DEATH WAS CAUSED BY: Syphilitic aortiti:	s with a	ortic:	insuiii	ciency	un	known _
	DUE TO						
	Conditions, if any, which (b)						_
	geve rise to immediate cause  (a), stating the underlying  DUE TO						
	cause last (c)	_	-			1	
NO	PART II OTHER'S GNIFICANT COND T ONS CONTRIBUTING TO DEATH BUT NO	or RELATED TO THE	HE TERMINAL	DISEASE CON	DITION GIVEN NP	ART 1(a) 19.	WAS AUTOPSY PERFORMED?
U¥U	Gerebrovascular accident (1951) with r					YE	s 🚺 NO 🗌
CERTIFICATION	203 ACC DENT WAS UNDERLYING [ 1 206, DESCR BE HOW INJURY OCCURED OR CONTRIBUTING [ ] CAUSE OF DEATH	Enter neture of	intury in Part	I or Pert II of 1	em 18 :		
	(IF EITHER, NOTIFY MEDICAL EXAMINER)						
MEDICAL		ACE OF INJURY H tory street, office I		20f (City or I	(nwa	(County)	(Stelle)
M.	p.m. 19 st work et work	0 /2 = 1	1		0/107	/0	
	21. I certify that (I) (this hospital) attended the deceased from	87.T.77-	10:10 <sup>190</sup>	2.U., to	4/12/,	19Ω, tha	t (1) (we) last
	saw the deceased plive on, $2/12/$ .19 $62$ , and that	death occure	ed at. A.	M, from the	e causes and o	n the date	stated above
	226 S GNATURE	ATTENOING			TAFF	^	12/62 DATE
		CD, PHYS.	-	-	нүз. 🗌 enn Fale	Unar St	/12/02
	NAME (Type) Moe Veiss, M.D.		VI 33		enn Tale,		id die
22	BURIAS, CREMATION, 236 DATE THEREOF   236 NAME OF CEMETERY	OR CREMATORY	2		in (City, lown or co		(State)
١,	REMOVAL (Specify)				ille, Mar		
24	Burial 2-17-1962 Harmony Memo				25b. REGISTRAL		RE -
12	malaren color Due 4711 At	+2111	DATE FER	1 0 100		B 22	
	mount sone sone of ord is	TIT T		3 UZ		Town	<del></del>



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MARYLAND	STATE	DEPARTMENT	OF	HEALTH
MANAGER   POST   AND	21716	The state of the s		

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

0225	5	CERTIFICAT	E OF DEATH		02233			
1. PLACE OF DEATH		1	2. USUAL RESIDENCE (		htution: Residence before edm ssion			
•. COUNTY Prince	Georges	MARYLAND	e. STATE De C	b, COUNTY	pol			
b. CITY OR TOWN (if outside	corporate limits,	c. LENGTH OF STAY IN 16	iside corporate limits, write RL	JRAL and give neerest town)				
write RURAL and give new Glenn Dale (rur			Mack	nington	4 g			
d. NAME OF HOSPITAL OR I		ital, g ve street address)	d. STREET ADDRESS	ringaott	e. IS RESIDENCE			
Glenn Dale	Hospital		1,28	E. St., N.W.	ON A FARM?			
3 NAME OF	Frst 40011	Midd e		DATE Month	Day Year			
DECEASED (Type or print)	Willie	⇒ Jol	nson	OF DEATH 2	23 19 62			
5. SEX 6. COI	LOR OR RACE 7. MARRIED	•	DATE OF BIRTH	9. AGE (In yeers   IF				
27 2 2	OTTO WIDOWED	** <del></del>	1903?	last birthday) M	Norths Days Hours Min.			
10s. USUAL OCCUPATION IGIN	re kind of work   10h. KIN	ID OF BUSINESS OR NOUSTRY		State, or foreign country)	12 CITIZEN OF WHAT COUNTRY			
done during most of working life		Unknown	N <sub>*</sub> C <sub>*</sub>		USA			
Night-watchmar	1 — —		14. MOTHER'S MAIDEN NAM	AE -	0 1/12			
?				?				
15 WAS DECEASED EVER IN U.S		OCIAL SECURITY NO   17 IN	FORMANT	Address				
(Yes, no or unkown) (Ifyesgive Unknown		nknown 'Cas	sualty Hospit	il Washing	gton, D.C.			
18. CAUSE OF DEATH					INTERVAL BETWEEN			
PART I. DEATH WAS	CAUSED BY Thire	cerebral hemori	chage with rig	ht hemiparaly	sis 3 days			
LL LO V	DUE TO	00100102 1102011		,	7			
Conditions, if any, which								
gave rise to immediate cause	e Courto				<u></u>			
(e), stating the underlying cause last	(e), stating the underlying DUE TO  Gause last to Hypertensive cardiovascular disease unknown							
	101 0 2			The second secon	IN PART I(e) 19 WAS AUTOPSY			
Pagamant the	nomborio of l	oft middle cere	ohrol erterv		PERFORMED? YES □ NO 😿			
	Recurrent thrombosis of left middle cerebral artery  YES NO  ACCIDENT WAS UNDERLYING [1]   20b. DESCRIBE HOW INJURY OCCURED (Enter nature of injury in Part For Part II of Item 18.)							
OR CONTRIBUTING CAU	SE OF DEATH							
3 20c. TIME OF INJURY M				201. (City or town)	(County) (State)			
Hour e.m.	While at work	THE PARTY OF THE P	y, street, office bldg., etc.)					
21. I certify that (I)	(this hospital) attend	ed the deceased from,	12/8/	1. 10. 2/23/	, 1962., that (I) (we) las			
saw the deceased aliv		/ -			id on the date stated above			
226 SIGNATURE					22b DATE			
l u	Mr Nen	M O	PHYS DIRECT	CTOR PHYS	2/23/62			
22c PHYS CIAN'S NAME Type	Moe Weiss, M.	D.	22d ADDRESS	Glenn Dale Hos				
Mawr (Abo)				Glenn Dale, Md				
230 BURIAL CREMATION, 23	b DATE THEREOF	23c NAME OF CEMETERY O	R CREMATORY 2	3d. LOCATION (City, town	or county) (State)			
REMOVAT (Specify) 2	-27-1962	Harmony Memor	ial Park	Huntsville,	Md			
24 FUNERAL DIRECTOR'S SIGN	ATURE P	ADDRESS	25a. REC'D	BY REGISTRAR   25b. REGIS	TRAR'S SIGNATURE			
Manney	Seteck Dar	C 42481	TILL DATE FER	2 6 '62 Ch	ilun S. Flrance			
AT A CONTRACT - TO	170%	1 1 1 1 1	**************************************					



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE I, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH . PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if Institution, Residence before edmission) a. COUNTY Prince George's les ith, age b. CITY OF TOWN (fourside corporate limits,
write RURAL and give nearest rown) MARYLAND c. CITY OR TOWN (If oulside comparera Emits, write RURAL and give negrest town) c LENGTH OF STAY IN 16 Beltsville Beltsville eral direc for you d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street eddress) 5402 0 De 11 Road d. STREET ADDRESS . IS RESIDENCE ON A FARM? 5402 O'Dell YES NO X 3. NAME OF DATE Middle DECEASED 62 (Type or print) King DEATHFebruary Virginia Hester 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. may 2 will Lost birthday) and 2 v Colored WIDOWED DIVORCED J117 V emale 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY I 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if refired) Virginia Howsewife Own home pages 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Morton Brown Virginia File IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) (If yes give wer or deles of service) Douglas William King. same with 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), i INTERVAL BETWEEN aiong ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO geve rise to immediate cause DUE TO (a), sleting the underlying PART JOTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1.01 19. WAS AUTOPSY PERFORMED? 20 YES DE NO TO Pinous 206. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) 20e. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING TO Shot during an altercation in her the Chief I R: Page 3 s ior to burit 2Dd. INJURY OCCURRED | 20e, PLACE OF INJURY (Home, ferm, 20f. (City or lown) (County) 20c. TIME OF INJURY (Slate) factory street, office bldg., etc.) 62 While Not While at work Beltsville please execute the cerfinarie, it should be forwarded to the principle of principle. Puneral Director: Principle designated agent, prior 21 I certify that I took charge of the remains described above, held an Autopsy XI. Inquiry X Inspection v. and in my opinion Homicide<sup>X</sup> death resulted from. Natural causes Accident Suic de Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL DATE SIGNED 2/26/62 DEPUTY James NAME (Type) Address (Street city, town, or county) 22 BURIAL CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, town, or country) REMOVAL (Specify) 240 p 24e. REC'D BY REGISTRAR I VS. AISME 5M 9/60



PRESTON STREET, BALTIMORE 1, MARYLAND Division of STATISTICAL RESEARCH AND RECORDS, 301 2 USUAL RESIDENCE (Where decreased I ved, if institution Residence before edmission) 1. PLACE OF DEATH COUNTY **b.** COUNTY b. CITY OR TOWN lift outs de corporate I mils, MARYLAND c. CITY OR TOWN (.I outs de corpora.e I mis, write RURAL end give neerest town) e LENGTH OF STAY IN 16 write RURAL and give nearest town) Hvaitsville Hynttsville Board d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) d STREET ADDRESS . IS RESIDENCE ON A FARM? YES NO Y 3rd Place Memorial 3. NAME OF 4. DATE Yeer Midd/e Month DECEASED (Type or print) DEATH 19 KRAUSE Feb. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BRTH 9. AGE (In years | IF UNDER 1 YEAR ) IF UNDER 24 HRS. may 2 with last birthday) WIDOWED DIVORCED 10a, USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stelle or fore an country) 12. CITIZEN OF WHAT COUNTRY? Give Pages 1, 2, prm PM3. Page 1 File pages 1 and vent within 72 h done during most of working life, even it retired) lash. D. Retired Plumber 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown Unknown permit. File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (If yes give wer or detes of service) Frank J. Sheahan 818 Rancolph No 18 CAUSE OF DEATH [Enler on y one cause per line for (a), (b), and (c),] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Acute congestive heart fittlure IMMEDIATE CAUSE (a) Surial Cardiovascular renal disease Conditions, if any, which geve rise to immediate cause **DUE TO** (e), stating the underlying on, PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? ld be remari NO XIX Medical 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of Iem 18) 200 EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | writing |
Chief /
age 3 s 20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20s PLACE OF INJURY (Home, form. (State) the Chage fectory, street, office bidg., etc.) While Not While et work el work 21 I certify that I look charge of the remains described above, held an Autopsy | |. Inspect on | XI. Inquiry and in my opinion DIRECTO Natural causes Undetermined manner death resulted from. Accident Suicide 1 Homicide CHIEF MEDICAL EXAMINER [ ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE RPHITY DEPUTY MEDICAL EXAMINER lease exects should be PUNER! EXAMINER'S NAME (Type) James I. Address (Street, city, town, or county) (Slete) g 40 g 240 REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. AISME A



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, DALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before admission) e. COUNTY e. STATE b. COUNTY Prince George's MARYLAND Prince George's Maryland b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) write RURAL and give neerest town) D. O. A. direc d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) Landover d. STREET ADDRESS e. IS RESIDENCE ON A FARM? retained the State B YES NO X George's General Ardwick Prince Road 3. NAME OF Middle Last 4. DATE DECEASED OF the (Type or print) DEATH 1962 with th Blair Lamokin Feb 5. SEX 9. AGE (In years | IF UNDER 1 YEAR) 7. MARRIED A NEVER MARRIED IF UNDER 24 HRS. last birthday) Months House Colored WIDOWED DIVORCED 10e. USOAL OCCUPATION (Give kind of work 106. KIND OF BUSINESS OR INDUSTR 12. CITIZEN OF WHAT COUNTRY? Page done during most of working life, even if retired) Pages pages 1 Housewife Virginia
14. MOTHER'S MAIDEN NAME USA own home 13. FATHER S NAME P.M.3. 8. Give File Henery Blair Unkown form event 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address [Yes, no, or unknwn] i (If yes give wer or detes of service) Redvers Lampkin No Same as #2 18. CAUSE OF DEATH Enter only one cause per line for (e), (b), end (c).] burial-transit p INTERVAL BETWEEN Office along ONSET AND DEATH PART I. DEATH WAS CAUSED BY. Acute congestive heart failure IMMEDIATE CAUSE (a) DUE TO Rheumatic heart disease Conditions, if any, which (b) gave rise to immediate couse vo III **DUE TO** (e), stating the underlying cause Inch. cremation, PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART ILED 19, WAS AUTOPSY 28 PERFORMED? Medical I should be NO 20e EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of Injury In Part | or Part | or Part | or Itam 18.) of the Co. OR: Page 3 xx PRIMARY I or CONTRIBUTING I CAUSE OF DEATH. 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year (County) (Stete) fectory, street, office bldg., etc.) While Not While et work please execute the Chilicate, v. should be forwarded to the DECTOR: Por its designated agent, prior prior et work 21. I certify that I took charge of the remains described above, held an Autopsy []. Inspection by Inquiry 1 and in my opinion death resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL February of kond ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY EXAMINER'S NAME (Type) Воу Address (Street, city, town or county) ames 22a, BURIAL, CREMATION, 22b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 22d. TOCATION (City, lown, or country) REMOVAL (Specify) <u>0</u>40 9 REC'D BY REGISTRAR | 246. REGISTRAR'S SIGNATURE **V5. A15ME** Culhai S. Mans 5M 9/60

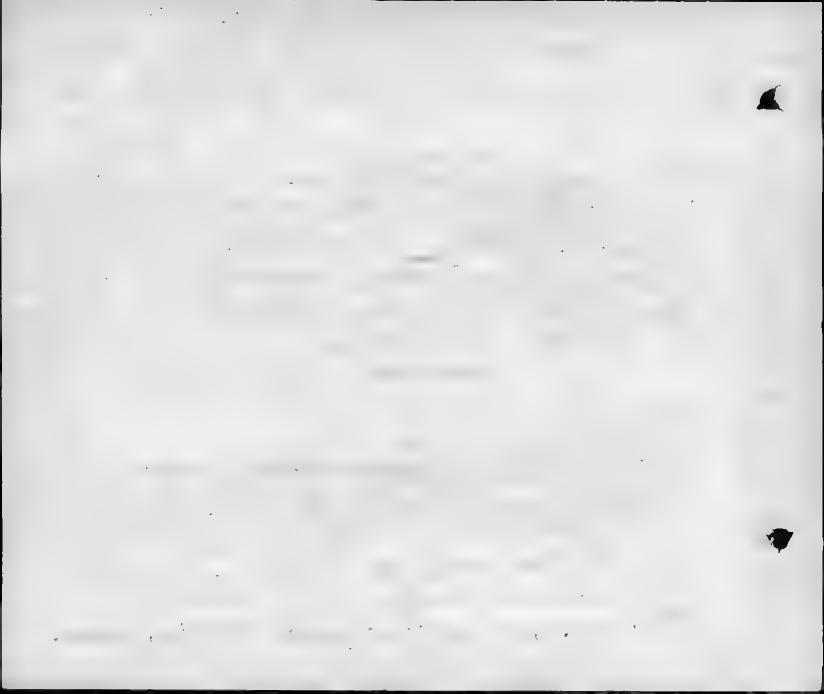


ND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MANNAND AL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institutions Residence before edmiss.on) e. COUNTY b. COUNTYPrince files. Health, George (s 956 Prince George' MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (if pulsade corporela limits, write RURAL end give nearest town) write RURAL and give namest town) D. O. A. Camp Springs Board d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) . IS RESIDENCE ON A FARM? Branch Avenue Airbase Hospital YES NO 3. NAME OF 4. DATE Middla Month DECEASED 62 (Type or print) Landreth February DEATH William Dow 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years HE UNDER 1 YEAR IF UNDER 24 HRS. 2 with last birthday) age 5 may 1 and 2 wii 72 hours Male Nov. WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Give Pages 1, 2, orm PM3. Page File pages 1 and vent Willia 72 h done during most of working life, even if relired) District of Columbia None None 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Patsy L. Balderson William Hubert Landreth E THE 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT permit. (Yes, no, or unkown) (Hyesgivawarordalesofservica) William Hubert Landreth. none 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN ov's Office along variable abundant property of the second ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Asphyxia DUE TO Acute carbon monoxide poisoning Conditions, if any, which gove rise lo immediata cause **DUE TO** (a), steting the underlying cours last. cremation, PART I, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? 8 NOX should 20s. EXTERNAL CAUSE WAS PRIMARY (1) 26 CONTRIBUTING 20b. DESCR.BE HOW INJURY OCCURED, (Enter nature of injury in Part I or Pert II of Item 18.) burial Occupant of house that burned CAUSE OF DEATH. the Chief I R: Page 3 s ior to buris 20d INJURY OCCURRED to 20a, PLACE OF INJURY (Home, farm, 20f. [City or town] 20c. TIME OF INJURY (Stota) factory, street, office b.dg., etc.) \* While Not While prings P.G. Md at work at work or Camp forwarded to the DIRECTOR: 21. I certify that I took charge of the remains described above, held an Autopsy Inquiry 🔯 and in my opinion Inspection X death resulted from Suicide Homicide Undetermined manner Natural causes Accident | isse execute the care should be forward > FUNERAL DIRE CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY EXAMINER'S Boyd NAME (Type) James Address (Street, city, town, or county) 22c. NAME OF CEMETERY OR CREMATORY 22s. BURIAL, GREMATION. (State) REMOVAL (Specify) 240 g 23. FUNERAL DIRECTOR 24s. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURI VS. A15ME



MARYLAND STATE DEPARTMENT OF HEALTH 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND Division of STATISTICAL RESEARCH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before admission) P COUNTA e. COUNTY Health, MARYLAND b. CITY OR TOWN ( Foutside corporate lim )s, E. LENGTH OF STAY IN-16 c. CITY OR TOWN III, ou side corporate limits, write RURAL and give nearest town; ō for you 3 to the funeral direct TO d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d STREET ADDRESS . IS RESIDENCE Boar ON A FARM? retained fine State B. r death. YES NOW NAME OF DATE Yeer DECEASED OF July after DEATH [Type or print] 19 IF UNDER 24 HRS. DATE OF BIRTH AGE IIn years IF UNDER 1 YEAR 7. MARRIED NEVER MARRIED 3 7 yrs. Months DIVORCED [ USUAL OCCUPATION (G ve kind of work 1 10b KIND OF BUSINESS OR INDUSTRY [ 11 BIRTHPLACE State or foreign country] 12. CITIZEN OF WHAT COUNTRY? Page done fluring most of working I fe, even if retired) 022 pages 1 within P.M.3. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME FIG 17. INFORMANT SOCIAL SECURITY NO Address permit. INTERVAL BETWEEN CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).) ONSET AND DEATH along -transit PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Office burial-t DUE TO certificate should remova Conditions, if any, which gave rise to immediate cause **DUE TO** (a), steting the underlying Examiner PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. I 19. WAS AUTOPSY PERFORMED? 8 NO PC D 20a. EXTERNAL CAUSE WAS 1 20b. DESCR SE HOW INJURY OCCURED (Enter nature of injury in Part I or Part II of fam 18) shout PRIMARY OF OF CONTRIBUTING EXAMINER: 20d. INJURY OCCURPED , 200 PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY [Stete) 0 1 jacfory, street, office bldg , etc.] While Not While 19 /2 2 et work et work 节节 forwarded to ! 21. I certify that I took charge of the remains described above, held an Autopsy Inspection 174 ald in my opinion Suicide 5 Homicide Undetermined manner death resulted from Natural causes Accident CHIEF MEDICAL EXAMINER lease execute the casholid be forward by FUNERAL DIRI designated ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAM NER DEPUTY DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county) GENERAL OR CREMATORY 22c. NAME OF 22d. LOCATION (City, town, or country) (Stelle) Lincoln Cemetery Hime 240 g OH VS. A15ME DATES 2 3 '62

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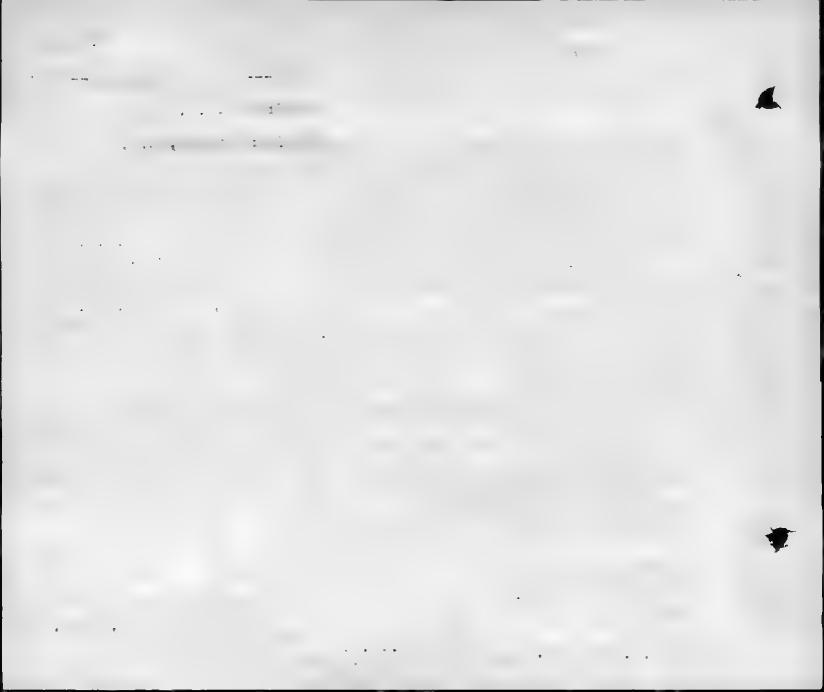


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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



Division of STATISTICAL RESEARCH AND CORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2262 2. USUAL RESIDENCE (Where deceased lived, if institutions Resident a before edent on) \*. COUNTY Prince George's b. COUNT MARYLAND b. CITY OR IOWN (if pulside corporale lim is, c. LENGTH OF STAY IN 16 c. CITY OR TOWN If outs de corporate l'mits, write RURAL end giv in trest town) months Washington, D.C. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) & STREET ADDRESS Paint Branch Nursing Home ON A FARM? 17th Street. YES NO K DECEASED Josephine Veed LeButt (Type or print) DEATH February 16 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. ast birthday) MARCH 24, 187 10s. USUAL OCCUPATION (Give kind of work 106. KIND OF BUSINESS OR INDUSTRY | 11. B RTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? ve Pages 1, 2, PM3. Page 9 pages 1 and Nwithin 70 b done during most of working life, even il refired)
HOUSE WITE Cwn Home Maine 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME MARY MAUDE WHEELER MHOL WEED 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT 6916 Granby Street with fo (Yes, no, or unkown) (Hyesgivewerordetesofservice) None hrs Daurice Roman, Bethesda, Md. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c),1 INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY, Acute congestive heart failure MMEDIATE CAUSE (a) DUE TO Cardiovascular renal disease gave rise to immediate cause DUE TO (e), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1191 19, WAS AUTOPSY PERFORMED? NO X should I 2Da. EXTERNAL CAUSE WAS 2Db. DESCRIBE HOW INJURY OCCURED, (Enter nature of Injury in Part I or Part II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, Jerm, , 20f. (City or town) o forwarded to the Chi AL DIXECTOR: Page nated agent, prior to b factory, street, office bldg., etc.) While \_Not While et work et work 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection ... Inquiry X and in my op nion lease execute the fire should be forwarded to FUNERAL DIRECTO Natural causes & Homicide | death resulted from: Accident Suicide Undetermined manner CHIEF MEDICAL EXAMINER DEPUTY ME ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE BOYD NAME OF CEMETERY OF CREMATORY NAME (Type) James I. Address (Street, city, town, or county) 22a, BURIAL, CREMATION, 22b DATE THEREOF 22d. LOCATION (City, town, or country) REMOVAL (Specify)
Removal 40 9 Mount Hope North Attleboro . Mass. 23. FUNERAL DIRECTOR 24e. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE VS. A15ME DATE FEB 1 9 '62 5M 9,60 Washing to n



Division of STATISTICAL RESEARCH RESTON STREET, BALTIMORE 1, MARYLAND 1. PLACE OF DEATH 263 MEDICAL EXAMINER'S 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) b. COUNTY Maryland Prince George colly on TOWN (If outside corporate | mils, write RURAL and give nearest fown) b. CITY OR TOWN If outs de corporete limils, Prince George's MARYLAND c. LENGTH OF STAY IN 16 write RURAL end give nearest town) funeral direct d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 'Mount Rainier Board d. STREET ADDRESS . IS RESIDENCE ON A FARM? 2 with the State YES NO 🗔 Prince George & General Hospital DATE Year DECEASED OP (Type or print) DEATH 子生の February 27 Smi th Little 6. COLOR OR RACE T MARRIED THEYER MARRIED IF UNDER 24 HRS. 8. DATE OF BIRTH last birthday) | Months and WIDOWED DIVORCED [ May 27, Male Yrs 3ge 5 r 10a. USUAL OCCUPATION (Give xind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fore on country) 12. CIT ZEN OF WHAT COUNTRY? done during most of working life, evan if retired) Building Westminister. Md. pages 1 Carpenter (Ret.) form PM3. 14 MOTHER'S MAIDEN NAME Harriett Smith it. File payent Emanuel O. Little 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 1 17, INFORMANT Address 3724 34th St.k (Yes, no, or unknwh) . (If yes give war ar detes of service): Yes Yes, Unknown Mr. Arthur R. Wilcoxen, Mt.Rainier.Md. 18 CAUSE OF DEATH ,Entar only one cause per line for (e), (b, end (c),) PART I DEATH WAS CAUSED BY MMEDIATE CAUSE (a Office DUE TO gave rise to immediate cause DUE TO (a), stating the underlying PART II, OTHER'S GN F CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1'8' 19 WAS AUTORSY PERFORMED? NO V 고 b 20% EXTERNAL CAUSE WAS 20b DESCRIBE HOW NJURY OCCURED, (Enter neture of injury in Part or Part II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH 20c. TIME OF INJURY Month, Day Yeer 1 20d NIURY OCCURRED 20e PLACE OF NIURY Home farm 20f. (City or lown) (County) (State) While \_\_Not While factory, street, office bldg., etc.) et work et work DIRECTOR: 1 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection Inquiry | and in my opinion death resulted from Natural causes Accident Suicide Homicide [ Undetermined manner forwarde lesse execute the should be forward PUNERAL DIR. CHIEF MEDICAL EXAMINER .... DEPUTY MEL designated ACTUAL ASSISTANT MEDICAL EXAM NER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S 2/28/62 NAME Type BOYD, M.D. Add Address (Street, city, town, or county) 226 BUR AL, CREMATION | 226 DATE THEREOF , 22d. LOCATION City, fown, or country) REMOVAL (Specify) Burial Ö 240 g St. John's Church  ${f Beltsville}$  . Ĕ 23. FUNERAL D RECTOR 246 REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE I would in Francis VS ATSME Francis Gasch's Sons Hyattsville, Maryland 2 162 5M 9 60

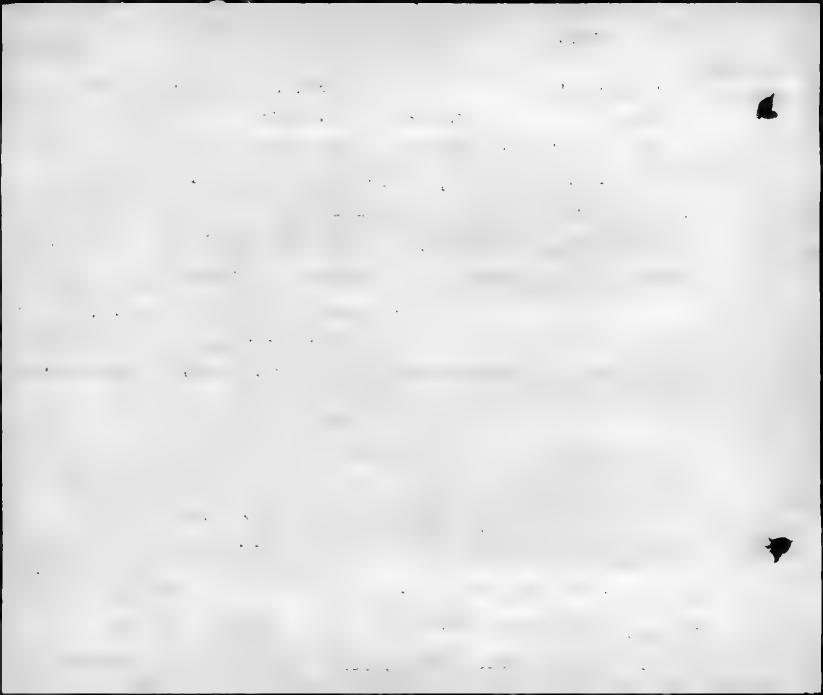


**BALTIMORE 1. MARYLAND** CERTIFICATE OF DEATH 112264 I PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, it institution: Residence before admission) a COUNTY a. STATE **b.** COUNTY Prince Georges MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town! (RURAI.) 2 mo's,5 days Washington Glenn Dale d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d STREET ADDRESS e. IS RES DENCE ON A FARM? 1305 - G. St.. Glenn Dale Hospital YES NO X 3. NAME OF DECEASED (Type or print) DEATH George Litz 19.62 16 COLOR OR RACE 7, MARRIED TO NEVER MARRIED 5 SEX 8. DATE OF BIRTH UNDER 1 YEAR IF UNDER AGE (in years (IF and last birthday WIDOWED Male DIVORCED [ physician 10e. USUAL OCCUPATION (Give kind of work 12 CITIZEN OF WHAT COUNTRY? dona during most of working life, even if refired) U.S.A. Cab driver Washington, D. C. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please attending George R. Litz Anna Ford 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes. no, or unkown) | (Ifyesgivewerordatesofservice) World War Decedent 18. CRUSE OF DEATH Itnier only one cause per line for (e), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY, Bronchogenic carcinoma, right lung, with associat-Unknown IMMEDIATE CAUSE (e) ed pneumonitis, metastases to left lung, lymph nodes and adrenals certificate has been gave rise to immediate cause DUE TO (e), stating the underlying cause last. as the to buris PART OTHER S.GNIETCANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 116: 19 WAS AUTOPSY CITTHOSIS OF the liver, post necrotic type, with portal hypertension ( PERFORMED) ascites, esophageal varices); paraplegia, cause unknown; tuberculosis, lymph | YES | NO | 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of Injury in Pert I or Pert II of Item 18 Flodes right hi 20e. ACCIDENT WAS UNDERLYING T OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 1 20f, (City or town) (Steta) (County) factory, street, office bldg., etc.) Hour a.m. While Not While et work p.m. TOR: 21. I certify that (I) (this hospital) attended the deceased from 12/20/61 ., 1902, that (I) (we) last ......1962..., and that death occured at?...P.M., from the causes and on the date stated above. saw the deceased alive on. 22e. SIGNATURE 22b. DATE ATTENDING death. Page 4 fro FUNERAL 1 director, page 3 be filed with the E. PHY5. DIRECTOR PHYS 22c. PHYSICIAN'S NAME (Type) Moe Weiss 23d. LOCATION (City, fown or county 23c NAME OF CEMETERY OR CREMATORY REC'D BY REGISTRAR

VR A15 (4) 15M 7/61



STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH USUAL RESIDENCE (Where decreesed I ved, If Institutions Residence before admission) e. COUNTY a. STATE b. COUNTY Maryland Prince George's Prince George's MARYLAND b. CITY OR TOWN if outs de corporata I m ts. c. LENGTH OF STAY N 16 c. CITY OR TOWN (If outs de corporate l'mits, write RuRAL end giva neerest town write RURAL and give neerest town) Chever ly Mt. Rainier 15 days d. NAME OF HOSPITAL OR INSTITUTION of not in hospital, a ve street eddress STREET ADDRESS e. IS RESIDENCE ON A FARM? Prince George's General Hospital 3104 Taylor Street YES NO 3. NAME OF 4. DATE Year DECEASED OF (Type or print) DEATH 5. SEX AGE In years HE UNDER 1 YEAR IF UNDER 24 HRS. lest birthdey] Months Hours Femala DIVORCED physician 10e, USU L OCCUPATION (Give kind of work done dusing most of working life, even if retired) 13. FATHER'S NAME MOTHER'S MAIDEN NAMI please E attending and WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, of unkown) | (Ifyesg'vewarordeleso'service) 18. CAUSE OF DEATH [Enter on y one couse per line for [a], [b], and .c. INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: CenebraL IMMEDIATE CAUSE (a) DUE TO HyperTensive (Andio VASCULAR ) Conditions, if eny, which gava risa to immediate cause DUE TO (a), stating the underlying CRUSA last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(+ 19, WAS AUTOPSY PERFORMED? NO 200, ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH 1 20b. DESCR BE HOW INJURY OCCURED. (Enter neture of injury in Part I or Pert I of item 18, (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, 20f, City or town) 20c. TIME OF INJURY Month, Day, Year (State) factory, street, office bldg., etc.) While Not While Hour a.m. et work et work 1960 to 46541, 1963 that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased from June ーセカント and that death occurred at \$550 from the causes and on the date stated above. saw the deceased alive on 22b. DATE 22e. S GNATURE SIGNED ATTENDING M D. PHYS. -DIRECTOR PHY5. eath. Page 4 FUNERAL 22c. PHYS CIAN'S 22d. ADDRESS 507 23e. BURIAL, CREMATION, 1 23b REMOVAL (Specify) ÷ 3 0 25s, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 9/60



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decreased lived, If institution, Residence before admission) a. COUNTY b. COUNTY a. STATE Prince Georges MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) write RURAL and give nearest town yr., 4 mo. Glenn Dale (mural davs Washington d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, g va street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? 1509 N. Capitol Glenn Dale Hospital St. N. E. YES NO TO 3. NAME OF Éirst Middle DATE Year DECEASED OF Albert 62 (Type or print Marbury DEATH & 10 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX B. DATE OF BIRTH AGE (In years I.F UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) Months Days Male Vrs. 10a. USJAL OCCUPATION (Give kind of work 106. KIND OF BUSINESS OR INDUSTRY, 11, BIRTHPLACE (County & State, of foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working Irle, even if retired) Unknown Unknown Hnknown 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Unknown Unknown 15, WAS DECEASED EVER IN U.S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17, INFORMANT Address (Yes, no, or unkown) (If yas give wer or dates of service); Ilnknown Decedent IB CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] left INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY Massive encephalomalacia, frontal parietal lobes unknown IMMED ATE CAUSE (a) DUE TO Atherosclerotic occlusion of left middle cerebral Conditions, if any, which gave rise to immediate cause arterv DUE TO (a., stating the underlying cause lest. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 19. WAS AUTOPSY Hypertensive heart disease; renal disease, left, probably pyelonephritis by Reastatis Gindranchop reuponishow INJURY OCCURED (Enter nature of in ury in Pert I or Part II of Item 18. OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY Home, farm, 1 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (County) (Statu) factory, street, office bldg., etc.) While Not While Hour a.m. et work et work p.m. 21. I certify that (I) (this hospital) attended the deceased from.... 19...02 that (I) (we) last saw the deceased alive on 22b. DATE 962 SIGNED ATTENDING PHYS. DIRECTOR K PHYS. 22c. PHYSICIAN S 22d. ADDRESS Glenn Dale Hospital NAME (Type) Moe Weiss, M.D. Glenn Dale. Md. 230. BURIAL CREMATION 236. DATE THEREOF 23t. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (Rity, town or county) (EMOVA) (Specify) JUNERAL DIRECTOR/S SIGNATURE 256

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301 W. PRESTON STREET, BALTIMORE 1, MARYLAND DIVISION OF STATISTICAL RESEARCH AND RECORDS. CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, finst fulton) Residence before admission) a. COUNTY b. COUNTY PRINCE GEORGES MARYLAND PRINCE GEORGES MARYLAND b. CITY OR TOWN (if outside corporate im ts. c. CITY OR TOWN, If outside corporate limits, write RURAL and give nearest town). e. LENGTH OF STAY IN 15 write RURAL and give neerest town) ANDREWS AIR FORCE BASE 15 HRS 37 MIN GLASSMANOR ages IS RESIDENCE °p d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street eddress) d. STREET ADDRESS ON A FARM? US AIR FORCE HOSPITAL YES NO X 4904 NEPTUNE AVENUE NAME OF 4. DATE Yası Middle e DECEASED OF (Type or print) DEATH MARTA CARTLA MASLOG 19 62 FEBRUARY COTT UEQ. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED T. B. DATE OF FIRTH AGE (In yaars , IF UNDER I YEAR FUNDER 24 HRS last birthday) and Months FEMALE. WIDOWED [ DIVORCED 18 FEBRUARY 15 37 10s. USUAL OCCUPATION (Give kind of work 0 1 12. CITIZEN OF WHAT COUNTRY? 10b KIND OF BUS NESS OR NOUSTRY, 11 BIRTHPLACE (County & State o foreign country) ò dona during most of working life, even if retired) physi UNITED STATES PRINCE GEORGES. NONE NONE MARYLAND 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Ď. VINCENTE MASLOG EVELYN E LEMAY 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address (Yes, no, or unkown) (If yes give war or detas of service) MEDICAL RECORDS SAME AS ITEM #1 18. CAUSE OF DEATH [Enter only one cause per line for a , th end .c' ] rimary atelectasis INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a DUE TO Conditions, if any, which geva rise to immediate cause DUE TO (a), stating the underlying PART I.. OTHER SIGNIF. CANT CONDITIONS CONTRIBLING TO DEATH BUT NOT RELATED TO THE TERMINAL D. SEASE CONDITION GIVEN IN PART ILB. 19. WAS AUTOPSY CERTIFICATION PERFORMED? YES XX NO 206. ACC DENT WAS UNDERLYING [ 1 206. DESCRIBE HOW INJURY OCCURED (Enlar nature of injury in Part I or Part II of item 18 OR CONTRIBUTING [ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20a. PLACE OF INJURY (Home, farm 201. (City or town) (Stata) 20c. TIME OF INJURY Month Day, Yaar (Courty) While Not While factory, streat, office bldg., atc.) at work 21 | certify that (I) (this hospital) attended the deceased from / 6 0 19.62., and that death occured at . M, from the causes and on the date stated above saw the deceased alive on. 22b. DATE 22e. SIGNATURE JUL GENED DIRECTOR PHYS. PHYS. Meselle. HOSPITAL Page 4 FUNERAL rector, page (Filed with the 22c PHYS C AN'S Capt USAF (State) 23c NAME OF CEMETERY OR CREMATORY LOCATION (City, lown or county). BURAL 京寺 0 H 25a REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 9/60 DATE

DEPARTMENT OF HEALTH

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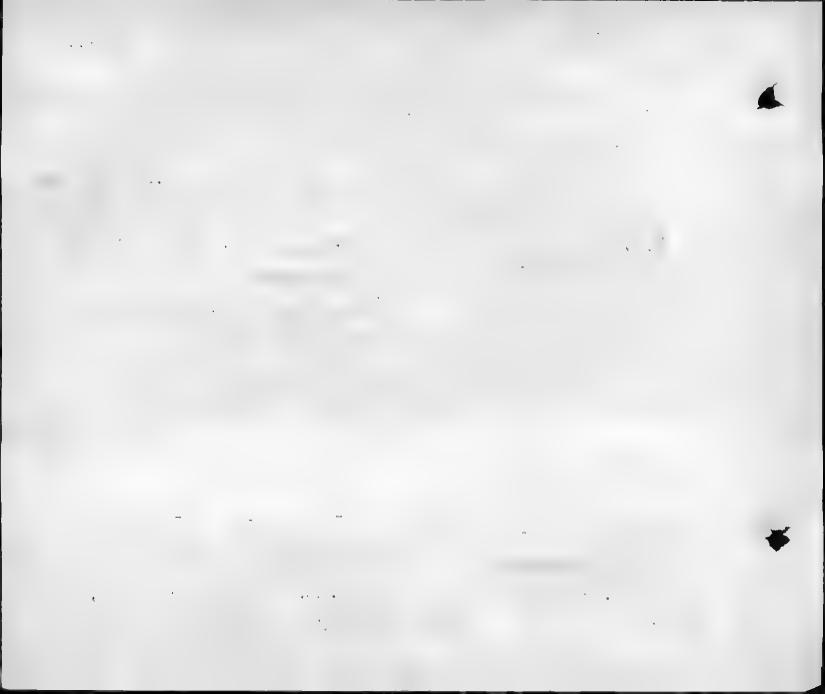
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2269 2. USUAL RESIDENCE (Whare discessed lived of institutions Residence before admission) a. COUNTY b. COUNTY PRINCE Georges MARYLAND b. CITY OR TOWN ('f ou side corporate | mils, c. CITY OR TOWN (If outs de corporata fimilis, write RURAL and give neeres) lown) E. LENGTH OF STAY IN 16 write RURAL and give necrest lown) CLINTON d NAME OF HOSPITAL OR INSTITUT ON (if not in hospital, give street address d STREET ADDRESS ON A FARM? HOSPITHL MD. YES NO X 3. NAME OF M ddie 4. DATE Month Year DECEASED OF MCLEAREN .Typa or print! DEATH 19 9. AGE (In years IF UNDER 1 YEAR ) IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH last bythday) Months Days Hours WIDOWED [ physician 10a USUAL OCCUPATION (Give kind of work 12. C TIZEN OF WHAT COUNTRY? 10b K ND OF BUSINESS OR NDUSTRY 11 dona during most of working life, even if refired) AMERICAN HOUSEWIFE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME affending UNKNOWN UNKNONN ă 15 WAS DECEASED EVER NU.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Addrass (Yas, no, or unkown) (Ifyesgivewarordatesofservica) Box 3/2 HUSBAND 1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c) ] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** Rheumatic HEART (b) gave rise to mmed ate causa DUE TO (a), stating the under vind entres Inch. PART I OTHER SIGN F CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 19. WAS AUTOPSY PERFORMED? NONE NO N 20b. DESCRIBE HOW NJURY OCCURED, (Enter nature of injury in Part I or Part I of Itam IB.) 20a ACC DENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH NONE 20e TIME OF INJURY Month, Day, Yeer 20d INJURY OCCURRED 20e PLACE OF INJURY (Home farm, ; 20f. (City or lown) (County) (State) factory, street, office bldg., atc.) Hour a.m. Whila Not While at work at work p.m. 21. I certify that (I) (this hospital) attended the deceased from. 19 62 and that death occurred a P. M. from the causes and on the date stated above. saw the deceased alive on. 22a. SIGNATUR DATE SIGNED DIRECTOR | death. Page 4 I TO FUNERAL I director, page 3 be filed with the PHY5. M.D. 22d. ADDRESS 22c. PHYSICIAN'S INTON 23c. NAME OF CEMETERY OR CREMATORY 23a, BURIAL, CREMATION, 23b. DATE THEREOF 23d LOCATION (City, town or county) (Stata) Wesher or VR A15 (4) FER 2 6 '62 15M 9/60



STON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 1 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY a. STATE **b.** COUNTY Prince George Marvland b. CITY OR TOWN II outside corporate limits. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give neerest lown) Cheverly 14 days E . May or Pages filled d. NAME OF HOSPITAL OR INSTITUTION if not in hospital, a ve streat address! STREET ADDRESS . IS RES DENCE ON A FARM? Prince George General Hospital YES NO completely papers. NAME OF 4. DATE Middle Last DECEASED OF DEATH (Type or print) Feb. 1962 w.th. 6. COLOR OR RACE | 7. MARRIED 9. AGE (In years | IF JNDER T YEAR | .F UNDER 24 HRS. carbon NEVER MARRIED last birthday) and Months | Days Mala Hours Color 10e. USJAL OCCUPATION (Give kind of work 9 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) armer 13. FATHER'S NAME 百 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.1 17. INFORM Address (Yas, no, or unkown) (If yas give wer or detas of sarvice) uasca 18. CAUSE OF DEATH [Enter only one cause per line for (a) (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a, (b) gave rise lo immadiate causa DUE TO (a), stating the underlying causa last. NOT RELATED TO THE TERMINAL D. SEASE CONDITION GIVEN IN PART 1(a) 1 19. WAS A JTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT CERTIFICATION PERFORMED? NO -208. ACCIDENT WAS UNDERLYING DOR CONTRIBUTING DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part I of tam 18.) 20d. INJURY OCCURRED , 20a. PLACE OF INJURY (Home, farm. 20f. [City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year factory street, offica bldg., etc.) Not While While Hour am. at work et wark ......, 1962, to 2-26...., 19.62, that (I) (we) last Ö saw the deceased alive on.... 226. DATE 22a. SIGNATURI ATTENDING SIGNED MED STAFF DIRECTOR PHYS. PHYS. death. Page 4 22d ADDRESS 22c RINS CIAN'S NAME (IXPA) R.F.D. Box 2150, Upper Marlboro, Maryland Robert 23c. NAME OF CEMETERY OR CREMATORY (Stata) 238. BURIAL, CREMATION REMOVAL (Spacify) O H 250. REC'D, BY REGISTRAN 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS VR A15 (4) 15M 9/60 DATE -



MARYLAND STATE DEPARTMENT OF HEALTH W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) a. COUNTY Page a. STATE 5. COUNTY Prince George's MARYLAND Prince George a b CITY OR TOWN of outsida corporate limits. c. CITY OR TOWN (If outs da corporate limits, write RURAL end give naerest fown) write RURAL and give neerest town) Cheverly

d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address Seat Pleasant a. IS RESIDENCE ŏ ON A FARM? retained f YES HO Prince George's General 72nd. Hospital 604 Middle 4. DATE Month Yeer DECEASED OF the DEATHFe bruary (Type or print) 1962 Mav 6 COLOR OR RACE T. MARRIED THE NEVER MARRIED 9. AGE (In years IF UNDER 1 YEAR! IF UNDER 24 HRS. B. DATE OF B.RTH may 2 with last birthday) s1, 2, and 3 age 5 may 1 and 2 w1 72 hours Months WIDOWED DIVORCED August 1930 10a. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY : 11. BIRTHPLACE (State or foreign country) 1 12. CITIZEN OF WHAT COUNTRY? 18. Give Pages 1, 2, h form PM3. Page done during most of working life, even if retired) U.S.A. Food Virginia pages 1 Waitress 13. FATHER'S NAME permit, File i Viola Thomason 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) | (Ifyesgivawarordalasofservica) Eugene Leroy Miller Same INTERVAL BETWEEN 18. CAUSE OF DEATH lenter only one cause per line for (a), (b), and (c). l-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE to 1 Coronary occlusion Office DUE TO Coronary artery disease Conditions, if any, which gave rise to immediate cause DUE TO (a), stating the underlying pesn should be used ial, cremation, u PART II, OTHER SIGN FIGANT CONDITIONS CONTRIBLEING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 #) 19. WAS AUTOPSY PERFORMED? NO T Medical 200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of in any in Pert I or Pert I, of item 18.) PRIMARY | or CONTRIBUTING | 0 A 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, ferm, 20f (City or town) 20c. TIME OF INJURY (State) factory, street, office bldg., etc.) Not White While the state at work al work forwarded to t 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X Inquiry X and n my opinion designated agent, Natural causes X Undetermined manner death resulted from. Accident Suicide Homicide CHIEF MEDICAL EXAMINER Hease execute in should be forw M D. ASSISTANT MEDICAL EXAMINER ACTUAL DATE SIGNED SIGNATURE DEPUTY DEPUTY MED CAL EXAMINER EXAMINER'S NAME (Type) JAMES BOYD, M.D. Add Addrass (Street, city, town, or county) 225, DATE THEREOF 224. BURIAL, CREMATION. 22d. LOCATION (City, fown, or country) (State Arlington National Arlington, Va. 408 24e. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR ADDRESS Orthur & Thrus Francis Gasch's Sons Hyattsville, Maryland

VS. A15ME 5M 9/60



DEPARTMENT OF HEALTH DEATH 25 Film G507 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission) . COUNTY b. COUNTY a. STATE MARYLAND b. CITY OR TOWN (if outside corporete ling)s, c. CITY OR TOWN (If outs de corporate I mits, write RURAL and give neerest lown) & LENGTH OF STAY IN 16 write RURAL and, give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, g ve street address, Pages filled i IS RESIDENCE ON A FARM? YES NO completely papers. 3. NAME OF DECEASED OF (Type or print) DEATH 1962 carbon AGE III YOU'S IF UNDER I YEAR IF UNDER 24 HRS. last birthday) Months DIVORCED 12. CITIZEN OF WHAT COUNTRY? 10a USUAL OCCUPATION (Give kind of work remove done during most of working life, even if retired) 13. FATHER'S NAME 百 15 WAS DECEASED EVER IN J.S. ARMED FORCES? (Yes, no, or unkown) | (Ifyesgive werer dates of service) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) INTERVAL BETWEEN ONSET AND BEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO gave rise to immediate cause DUE TO (a), stating the underlying cause lest. PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(4) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO I 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW NIURY OCCURED. (Enter neture of injury in Part I or Part I of item 18.) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ' 20f (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Not While While Hour a.m. at work at work 2 - 17 (196 P that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from ! to ... saw the deceased alive on 22b. DATE 22a. SIGNATURE ATTENDING SIGNED STAFF PHYS. D RECTOR PHYS. director, page be filed with the 22d, ADDRES 22c. PHYSICIAN'S NAME (Type) 23a. BURIAL, CREMATION, | 23b. DATE THEREOF Z3c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lawn or county) (State) REMOVAL (Specify) Buena Vista. Va. Buri Grasn Hil

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25a. RECIDAY REGISTRAN

DATE

256. REGISTRAR'S SIGNATURE

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and physician 5 Φ 0 O HOSPITAL death. Page 4 0 VR A15 (4) 15M 9/60



_	I	tem 1º Film 307 2-1 MARYLAND STATE DEPARTMENT OF HEALTH
- (NA	1	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND  02257  1 tem 3, Telephone Call Of Death  02257
should IN	Ī	PLACE OF DEATH a. COUNTY Prince George's  MARYLAND  2. USUAL RESIDENCE (Where deceased lived, If institution Residence before admission b. COUNTY b. COUNTY Prince George's
es I teal	7.	b. CITY OR TOWN ('f outside corporate limits, write RURAL and give nearest town)  write RURAL and give nearest town)  Chever ly  d. NAME OF HOSPITAL OR INSTITUTION (finct in hospital, giv. street address)    Colify OR TOWN (finction of town)
hours a	3	Prince George's General Hospital Route #1 Box 460  NAME OF East Moddle Day Year
on pape ithin 72		(Typa or print)  / Phoris Farrys  Morgal  DEATH February 1 19 62  SEX 6 COLOR OR RACE 7, MARRED   NEVER MARRIED   B. DATE OF BIRTH  9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.
event, w	10	Months Days Hours Min.
asse reme	)	MATHER'S NAME DE LA STATE DE L
Then ple	0.00	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Common Maddress Social Security No. 17 INFORMANT Company or datasofs arvica)
permit, or remo		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) ]  PART I. DEATH WAS CAUSED BY  IMMEDIATE CAUSE (a)  PART I. DEATH WAS CAUSED BY  IMMEDIATE CAUSE (a)  PART I. DEATH WAS CAUSED BY  IMMEDIATE CAUSE (b)
cremation		Conditions, I any, which gave rea to immediate cause Due 10  Arteriosclerosis  Arteriosclerosis  Due 10  Arteriosclerosis  Conditions, I any, which gave rea to immediate cause Due 10  Due 10  Due 10  Due 10  Due 10
o burial,	z O	(a), starting the undadying (c)  PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 a) 19. WAS AUTOPSY PERFORMEDT PERFORMENT
for use a	CERTIFICAT	YES NO 206. ACCIDENT WAS UNDERLYING ☐ 206. DESCRIBE HOW INJURY OCCURED. (Enter nature of Injury in Part I or Part II of idem 18.)  OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
detached of Heal	MEDICAL	2Dc. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Homa, farm, 2Df. (City or lown) (County) (Stata)
ould be are Dept		21. I certify that (I) (this hospital) attended the deceased from 2.1.1.6.2
The State of the S		226. SIGNATURE  ATTENDING PHYS.  DIRECTOR PHYS.  226. DATE  226. DATE  226. DATE  226. DATE  226. DATE  3 GNE  227. ADDRESS
UNET Tor, pa Med VI	2	NAME (Type) Dr. Robert G.G. Sassoer R.F.D. Box 2150, Upper Marlboro, Md.  38. BURIAL, CREMATON, 236. DATE THEREOF   23c., NAME OF CEMETERY OR CREMATORY   23d. LOCATION (C by, fown or county)   (State) A
A15 (4)	1	SEMOVAL (Specify) 2/5/62 Hashington National Swithard Md. 4 FUNERAL DIRECTOR'S SIGNATURE ADDRESS W/ RAYLESS REC'D BY REGISTRAR'S SIGNATURE
W 9/60	-	nalleys Fineral Home, Mr. DATE FEB 6 '62   " & Trans



MARYLAND STATE DEPARTMENT OF HEALTH

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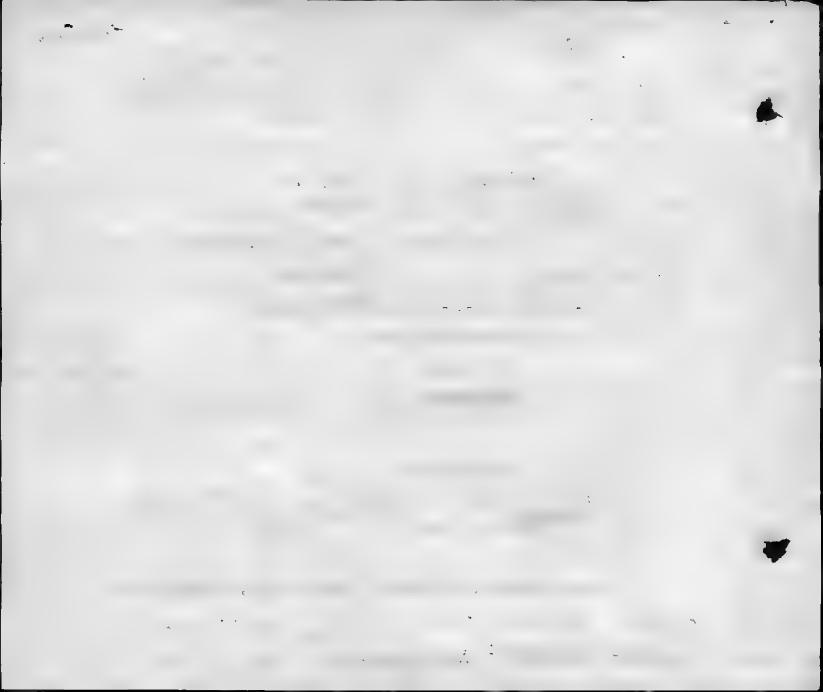
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s funeral The law requires that the death certificate be executed within 24 hours after TO HOSPITAL OB ASTENDING PHYSICIAN: The law requires that the death certificate be executed within 2, death. Page 4 ma. I setuned by the hospital or attending physician.
TO FUNERAL DINACTOR: After this certificate has been signed by the attending physician and completely filled in Edirector, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 is edited with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after the state.

VR A15 (4) 15M 9/60

## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

02259

CERTIFICATE OF DEATH

		PLACE OF DEATH	- ×		2. USUAL RESIDEN	ICE (Where decease	d lived, if natitutio	n: Residence b	pefore edmission]
)]		e. COUNTY Prince Geor jes MARYLAND			6. STATE Maryland 6. COUNTY Prince Georges				
		b. CITY OR TOWN (if or	 utside corporate limits,	-	c. CITY OR TOWN	If outside corporate			
		Piscatawa		4	Y Piscata	vav			
	~			not in hospital, give street address)	d. STREET ADDRESS	J			. IS RESIDENCE
					at Marco				ON A FARM?
	3	NAME OF	First	M ddle	Las <sup>a</sup>	4. DATE	Month	Day	Year A
		DECEASED (Type or print)			MINSON	OF DEATH	Feb.	9.	1962
			MA RY	L.	DATE OF BIRTH		In years , IF UND		UNDER 24 HRS.
	_	_ 1		, MARKIED [] HETER MARKIED []		les	thday)   Months		lours   Min.
	, mar .	emale	<u> </u>	WIDOWED X DIVORCED	Oct 2, 1891	1 70	) yrs.	CITITEN OF V	HAT COUNTRY?
	dor	. USUAL OCCUPATION	l ,G va kind of work i <b>g life, ave</b> n if relired)	106, KIND OF BUSINESS OR INDUSTR	_	ily & Stete, or fore			ANT COOMINIT
		Housewife		Domestic Paryland U.S.A			-S.A.	_	
	1	FATHER'S NAME			14. MOTHER'S MAIDEN NAME				
	F	rancis Butl	er		Elizabeth	Newman			_
		WAS DECEASED EVER I s, no, or unknown)   (Ifye		ES? 16, SOCIAL SECURITY NO. 17. I	NFORMANT		Address		
		No		None "ho	mas Munson,	8730 Old	Ft. Rd.,	Mash,	D.C.
		18. CAUSE OF DEA	TH [Enter only one c	euse per l'ne for (e), (b), end (c) [				INTERV	AL BETWEEN
		PART I. DEATH WAS CAUSED BY IN USE IN LET L						6 Ti	JAND-DEATH
		DUE TO							
		Conditions, if any, which the							
		gave rise to immediate causa							
		(a), sletting the under couse lest.	orlying						
	z								
	CATIO	N A U	E JUSCLE	CICCA IAC V	18.38E			YES	PERFORMEDY,
i	CERTIFICATION	2De. ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Pert II of Item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)							
		2Dc. TIME OF INJURY	Month, Dey Year	1 20d. INJURY OCCURRED 1 2De. PLA	CE OF INJURY (Home, far	m 20f, (City or to	(rwn)	County)	(State)
	MEDICAL	Hour e.m.	19	While Not While fact et work et work	ory, street, office bldg., et	c.)   			
		21. I certify that	(I) (this hospita	l) attended the deceased from.	Reb. Ath,	19. N. 10. I. C	b. Sth,	1914.1., that	(1) (we) last
	saw the deceased alive on Feb. 10, 19.1, and that death occured at 3.30 Firom the causes and on the date stated ab						stated above.		
22e. SIGNAYUR 2						MED S	AFF		22b. DATE SIGNED
		1 Aut	Chhr	I M. D.	D PHYS.		iys.	Reb.	t'1, 1' L&
1		22c. PHYSICIAN'S NAME (Type)	PAUL CHE	N, Ni. D.	22d. ADDRESS	mak, mal.			
	71	BURIAL, CREMATION	I. 236. DATE THERE	OF T23c, NAME OF CEMETERY	OR CREMATORY	23d. LOCATIO	N (City, lown or co	unty)	(State)
		REMOYAL (Specify)	2-13-62	St larys		Piscata		-	
	24	FUNERAL DIRECTOR'S	SIGNATURE	ADDRES5	25e. RE	C'D BY REGISTRAR	256. REGISTRAR	S SIGNATUR	IE
4	T	he Huntt Fu	neral Home	, Waldorf, 'aryland	1 DATE	- 1 4 '62	arthur .	J. Thank	
1	-		-	Z = = = = = = = = = = = = = = = = = = =					



STREET, BALTIMORE 1, MARYLAND Division of STATISTICAL RESEAR 2 USUAL RESIDENCE (Where deceased lived, If Institutions Residence before edmission) 1. PLACE OF DEATH A COUNTY Prince George's b, CITY OR TOWN (foult de corporale : mits. MARYLAND c. CITY OR TOWN (if outside corporate I mits, write RURAL and give nearest lown) c. LENGTH OF STAY IN 15 write RURAL and give nearest town) Cheverly Brentwood d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite 2 to Green address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? George's YES NO TY Hospital Street 38th 3. NAME OF 4. DATE Month DECEASED OF (Type or print) DEATH 19 62 February 19 Nichalson IF UNDER 24 HRS. aff 7. MARRIED K NEVER MARRIED ast birthday) | Months DIVORCED March WIDOWED Male 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (Stelle or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) U.S.A. Baker Food Virginia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Fannie Bartlett Andrew J. Nicholson 15, WAS DECEASED EVER IN U.S. ARMED FORCES? | 16, SOCIAL SECURITY NO. | 17, ENFORMANT (Yes, no, or unkown) | (If yes give wer or detes of service) Robert Francis Nicholson. same 88 18. CAUSE OF DEATH (Enter only one cause per line for a), (b), and (c), ( INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY Acute congestive heart failure IMMEDIATE CAUSE (+) DUE TO Cardiovascular renal disease Conditions, if eny, Which gave rise to immediate cause DUE TO (a), stating the underlying PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(18)1 19. WAS AUTOPSY PERFORMED? NO R 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of Injury in Part I or Part II) of Jem 18.) 20a, EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | Chief 3 age 3 so buri 2Dd. INJURY OCCURRED, 20s. PLACE OF INJURY (Home, ferm, 2Df. (City or town) 20c. TIME OF INJURY factory, street, office bldg., etc.) While Not While at work at work Inspection X. Inquiry T 21, I certify that I took charge of the remains described above, held an Autopsy ( and in my opinion Undetermined manner death resulted from Natural causes 3 Accident Suicide Homicide CHIEF MEDICAL EXAMINER ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER & EXAMINER'S should the PUNE NAME (Type, Address (Street, city, town, or county) REMOVAL (Spearly) 2409 urud VS. AISME



MARYLAND STATE DEPARTMENT OF HEALTH STREET, BALTIMORE 1, MARYLAND OF STATISTICAL RESEARCH Item 8 Film G 1. PLACE OF DEATE 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) Prince Geo. County **b. COUNTY** Maryland Prince Geo. MARYLAND c. CITY OR TOWN (if outside corporate limits, write RURAL and give naerast fown) b. CITY OR TOWN (if outs de corporete limits, C. LENGTH OF STAY IN 16 write RURAL and give neerest town) Cheverly Bladensburg one month d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d STREET ADDRESS . IS RESIDENCE ON A FARM? YES NO Prince Geo. Gen. Hosp. Taylor 3. NAME OF 4. DATE Month Year M ddle DECEASED DEATH (Type or print) 19 62 Norman Percy AGE (In ye s IF UNDER 1 YEAR, IF UNDER 24 HRS. B. DATE OF BIRTH 6. COLOR OR RACE 7. MARRIED THE NEVER MARRIED last birthday 1 Months Hours Male 67 WIDOWED -DIVORCED. 10e. USUAL OCCUPATION (Give kind of work 10b. K NO OF BUSINESS OR INDUSTRY , 11 BIRTHPLACE (County & State, or foreign country 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) St. Elizabeth's Hospt. Maryland Ret. Foreman U.S.A. 13. FATHER'S NAME 1 14. MOTHER'S MAIDEN NAME Joseph H. Norman Sarah Marshall 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIA. SECURITY NO. 17. INFORMANT Address (Yas no, or unkown) [(francyamarordelesofservice), Virginia M. Norman same as #2 (Wife) 18. CAUSE OF DEATH [Enter only one cause per line for (a) (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, I any which (b) geve rise to immediate cause DUE TO (e), stelling the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(6, 19. WAS AUTOPSY PERFORMED? NO 200, ACC DENT WAS UNDERLYING E. OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of in ury 'n Part I or Pert il of item 18.) 20d. INJURY OCCURRED | 200. PLACE OF INJURY [Home, farm, 20f. (City or town) (County) 20c. TIME OF INJURY Month, Day, Year Not While factory, street, office bidg., etc.) While et work el work 1-11-62 19..., to 2-3-62 19..., that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from...... saw the deceased alive on 2-3-62 ..., and that death occured 1:00 M. From the causes and on the date stated above. 226. DATE 22a SIGNATURE **ATTENDING** SIGNED DIRECTOR PHYS. PHYS. 22 PHYSIC AN'S 22d. ADDRESS NAME (Type) R.F.D. Box 2150, Upper Marlboro, Md. Dr. Robert B.G 23c. NAME OF CEMETERY OR CREMATORY 1 23d. LOCATION (City, fown or county) 230. BUR AL, CREMATION, 236. DATE THEREOF REMOVAL (Specify) Md. Colmar Manor. Lincoln

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24 FUNERAL DIRECTOR'S SIGNATURE Francis Gasch's Sons

ADDRESS

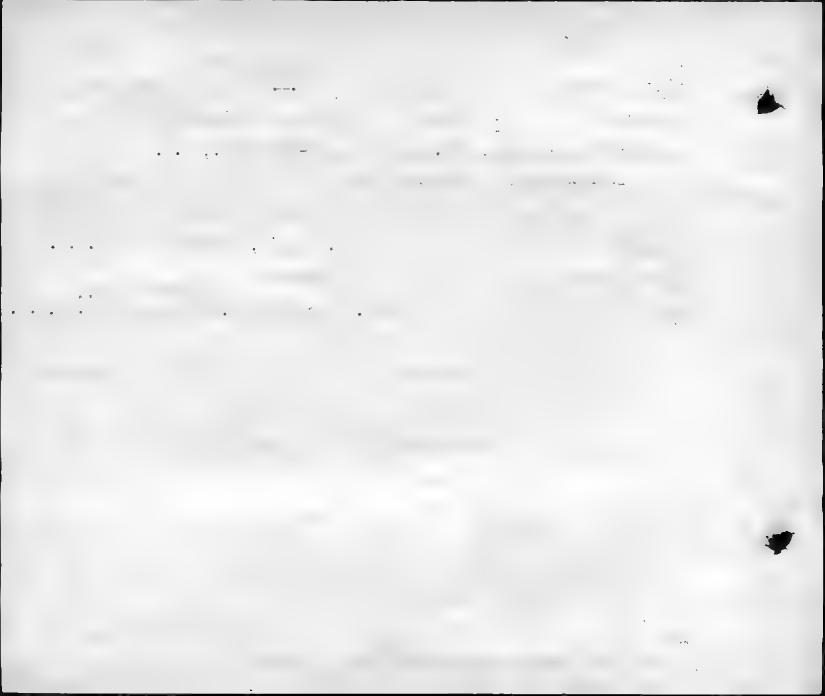
Hyattsville, Maryland

25e, REC'D BY REGISTRAR | 25b, REGISTRAR'S SIGNATURE DATE FEB 8 William & Thomas



ESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution. Residence before edm ssion) a. COUNTY b. COUNTY Prince Ceorges

b. CITY OR TOWN (if outs of corporate limits,
write RURAL end give nearest town) MARYLAND c. CITY OR TOWN (If outside corporate I mits, with XURAL and give nearested with c. LENGTH OF STAY IN 16 Sent Land 23
d. NAME OF HOSPITAL OR INSTITUTION (II not in hospital, g ve street address) Hillcrest Heights 21 IS RESIDENCE ON A FARM? YES NO Suitland Nursing Home, Inc. Year DECEASED (Type or print) DEATH 19 62 ertrude lorris 5. SEX 6. COLOR OR RACE AGE (In years IF UNDER 1 YEAR F UNDER 24 HRS. NEVER MARRIED pue Sephirthday) WIDOWED [ D VORCED 10a. USUA. OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) St. Mary 5, harryland 13. FATHER'S NAME & Frank Brown
Was deceased ever in U.S. Armed Forces? 16. Social Security NO. 17. INFORMANT Thomhson (Yes, no. or unknwn). (If yes give were redetes placy'ce Mrs. Etta Weidman Billcrest Hats. 21.0. 18. CAUSE OF DEATH (finter only one cause per line for (e), (b), and (c). ONSEYAND DEATH PART I. DEATH WAS CAUSED BY. Thombrees Cerebrah MMEDIATE CAUSE In: DUE TO Witnestone Conditions, if eny witch gave rise to immediate cause DUE TO (e), steting the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. PERFORMED? 20b. DESCRIBE HOW INSURY OCCURED. (Enter nature of in un in Part I or Part II of Iam IB.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Yeer I 20d. INJURY OCCURRED 20e. PLACE OF INJURY Home, form, 20f. (City or lown) (County factory, street, office bldg., etc.) While Not While el work el work 10 Feb 18 , 19.4.7, that (I) (we) last saw the deceased alive on... Of 22e S GNATURE ATTENDING 5 GNED PHYS. DIRECTOR FUNERAL 22d ADDRESS 22c. PHYSICIAN S NAME (Type) director, be filed 23a, BURIAL, CREMATION, 23b. DATE THEREOF OF CEMETERY OR CREMATORY (State) OH VR A15 (4)



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 62279 funeral PLACE OF DEATH USUAL RESIDENCE (Where deceased hyad, if Institution, Residence before admission) a COUNTY **b** COUNTY a. STATE Prince Georges MARYLAND b CITY OR TOWN (if outside corporate limits, E. LENGTH OF STAY IN 16 1 month and c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town] Glenn Dale (rural Washington C 4" days filled d. NAME OF HOSPITAL OR INSTITUT ON (if not in hospital, give street address) . IS RESIDENCE d STREET ADDRESS ON A FARM? Glenn Dale Hospital 1230 N.H. Avenue YES NO X completely 3. NAME OF M ddie Month DECEASED OF (Type or print) DEATH Oberleitner 19 6 COLOR OR RACE 7 MARRIED T NEVER MARRIED HE UNDER 24 HRS. B. DATE OF BRITH AGE (In years IF UNDER I YEAR and last birthday) Days Hours Male WIDOWED KT DIVORCED Yrs. physician 10s. USUAL OCCUPATION Give kind of work 106, KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (County & State, or foreign country 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired] Fred Buckholtz USA Restaurant Austria Waiter Odci dental. please 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending pue Elizabeth Gus Oberleitner 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1.16. SOCIAL SECURITY NO. 17. INFORMAN Addrass emoval, (Yes, no. or unkown) ! (If yes give wer or dates of service) decedent IInknown 18. CAUSE OF DEATH lenter only one cause per line for (a., (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Bronchogenic Carcinoma, left lung, histological 6 months IMMEDIATE CAUSE (a) type undetermined. DUE TO Conditions, if any, which dave rise to immediate cause DUE TO (e), stating the undarlying ceuse last. PART I OTHER'S ON FICANT CONDITIONS CONTRICTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART HOLD PERFORMED? Post-irradiation fibrosis. NO I 20a. ACCIDENT WAS UNDERLYING [ ] 20b. DESCRIBE HOW INJURY OCCURED, Enter nature of injury in Part I or Part II of Item 18 ) OR CONTRIBUTING [ CAUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF (NJURY (Home, farm, ' 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Not While While at work at work 1962, that (I) (we) last 21 | certify that (I) (this hospital) attended the deceased from, 62, and that death occurred at A.M. from the causes and on the date stated above saw the deceased alive on. 22b. DATE 22# SIGNATURE ATTENDING SIGNED MED DIRECTOR X PHYS. PHYS. FUNERAL 22d. ADDRESS 22c PHYS CIAN'S Glenn Dale Hospital NAME (Type) Weiss. M.P. director, be filed v Glenn Dale, rid. 23a, BUR AL, CREMATION 23c NAME OF CEMETERY OF CREMATOR 23d. LOCATION (City, town or county ဗီ 🔿 ADDRESS WASHINGTON, DC 250, REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE VR A15 (4) 1900 Nuch 1306 N-St NB WASHINGTON

40



## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

0226.1

-	1. PLACE OF DEATH	AL RESIDENCE (Where deceased lived, If institution: Residence before admission)
I	1) . COUNTY Prince George	ATE Maryland b. COUNT Prince George
4		TY OR TOWN (If outs de corporete finits, write RURAL end give nearest town)
	Mitchellville 89 years	Mitchellville
		REET ADDRESS   . IS RESIDENCE
	R. F. D. Forest Place	R. F. D. Forest Place
V	DECEASED A/	Lasi 4. DATE Month Day Year OF DEATH 1/ 23 10/)
	(Type or print)  NANIE  (NMI)  5 SEX  6. COLOR OR RACE 7 MARRIED I I NEVER MARRIED B DATE O	1 120 1702
	TITL SA	13, 1872 Birthday Months Days Hours Min.
	1De. USUAL OCCUPATION (Give kind of work done during most of working I fe, even if retired)  Own Home	Maryland 12. CITIZEN OF WHAT COUNTRY U.S. A.
		HER'S MAIDEN NAME
		Settie Wellford
	15. WAS DECEASED EVER IN J.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMA	NT Address
	(Yes, no, or unkown) (Ifyesgive war or dates of service) none Mr. Jo	ohn W. Heim Same as #2 Nephew
	18. CRUSE OF DEATH [Enter only one cause ger ine for (a), (b), end (c), i  PART I. DEATH WAS CAUSED BY    IMMEDIATE CAUSE (a)   Inchral Circles  Conditions, if eny, which gave rise to immediate cause (c), stelling the underlying cause last.	roses - zevere Interval Between Onset and Death 5 yrs _
		TO THE TERMINAL DISEASE CONDITION GIVEN IN PART (1,0) 19. WAS AUTOPSY PERFORMED?
E		YES NO M
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED  20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter na OR CONTRIBUTING CANADA CONTRIBUTING CANADA CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURED. (Enter na Uniform Conditions)	ure of injury in Part I or Part I of tem 18 )
	20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20s. PLACE OF INJURY Hour e.m. While Not While factory, street, p.m. 19 et work et work	ORY (Home, farm, 20f. (City or town) (County) (State) off ce bldg., etc.)
		Mrs 1960, to 235-lt, 1962, that (1) (we) last
		occured at IPAM, from the causes and on the date stated above.
	22a SIGNATURE ATT	NDING MED. STAFF SIGNED
>		When Marthoro Md
	238. BURIAL, CREMATION, 236. DATE THEREOF 236. NAME OF CEMETERY OR CREM.	TORY   23d. LOCATION (City, town or county) (Slate)
	Burial 2/25/62 Mt. Oak	Mitchellville Md.
	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
l	Francis Gasch's Sons Hyattsville, Maryla	nd DATED 26 162 Outing & thoma

TO HOSPITAL OR CETENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may retained by the hospital or attending physician.

TO FUNERAL DISACTOR: After this certificate has been signed by the attending physician and completely filled or the structure of director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers, Pages 1 end 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 15M 9/60 (5)



# FOR STATE HEALTH DEPT.

es. Palth, Page d.re TO DEPUTY MELATIMENT IN EMANUALE. This certificate should be emecuted within 24 hours effect death. If any separate please execute the criticate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral direction of should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours effor death.

VS. ATSME

## MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 02265

	PLACE OF DEATH	2. USUAL RESIDENCE (Where decessed   ved, If in	
	Prince George ! s MARYLAND b. CITY OR TOWN   f ours da corporeta limits, write RURAL and give neerest town)  c. LENGTH OF STAY IN 16	Maryland P c. CITY OR TOWN (It outside corporate limits, write	rince George's
	Cheverly d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street eddress)	2 Landover Hills	15 RESIDENCE ON A FARM?
<b>3</b> .	Prince George's General Hospital	4235 71st., Aver	Van (***)
5.	(Type or print)  SEX Hattie Elmyra  6. COLOR OR RACE 7, MARRIED NEVER MARRIED 8	Pearson Peart February Age (In yoors	
10a do	Female White WIDOWED DIVORCED F	ebruary 25,188 <b>3</b> 78 🚈	12. CITIZEN OF WHAT COUNTRY?
13.	Housewife At Home	North Carolina 14. MOTHER'S MAIDEN NAME	U.S.A.
	Vernon Taylor  WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. It is, no, or unknown) (lifyes give were ordered fearly service)  579-28-7027  NO 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).]	Martha  Fast Columbia  Len Fort 7600 Spring St	treet INTERVAL BETWEEN -
	PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (*) Pneumonia  Due to		ONSET AND DEATH
	Conditions, if eny, which governise to immediate cause (a), stelling the underlying DUE TO		- Table
CERTIFICATION	PART II. OTHER SIGN F.CANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERM NAL DISEASE CONDITION GIVE	N N PART (+) 19. WAS AUTOPSY PERFORMEDA- YES NO
	206. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	inter neture of injury in Pert Lor Pert Lof Item 18.)	
MEDICAL		CE OF INJURY (Home, larm, 20f. (City or town) ory, street, office bidg., etc.)	(County) (Stells)
	21. I certify that I took charge of the remains described above, he		Manage Commander of the
	death resulted from: Natural causes , Accident , Suici	ide, Homicide Undetermined ma	nner
	ACTUAL SIGNATURE James 9 Bond	M D ASSISTANT MEDICAL EXAM NER	DATE SIGNED
	EXAMINER'S	DEPUTY MEDICAL EXAMINER	2/13/62
224	NAME (Type) JAMES I. BUYD, M.D.  BURIAL, CREMATION. 226. DATE THEREOF 22c. NAME OF CEMETERY OR  REMOVAL (Specify) 3 16 19/62 7	- P - P - P - 0	ura Maryland
23	FUNERAL DIJECTOR ADDASS . M-	240 PEC'O BY REGISTRAR   246. REGIS	1.
u	1. W. Chambers 60, Reverdale, Man	pland   DATE FEB 1 9 '62	· 2 1100





15M 9/60

### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 02267

Prince George's MARYLAND Maryland Prince George's							
Prince George's Manyland Prince George's							
	- and reference						
b, C.TY OR TOWN (If outs de corporate limits c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outs de corporate tim is, write RURAL end give nearest town)							
Cheverly 26 days 2 Cedar Heights							
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital give street address)   d STREET ADDRESS   e. IS RESID	DENCE						
ONAF							
Prince George's General Hospital 6223 Lee Place	o 🗌						
3. NAME OF First Middle Last 4. DATE Month Day Year	-						
DECEASED (Type or print) DEATH Rehrusery 10 10 6:	0						
Privings Perry Foliatily 15							
SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years   IF UNDER 14 ARS, lest bribdey) Months Days Hours M.n.							
Male Colored WIDOWED DIVORCED 1-9-97 65 yrs.	141 1.7						
10e. USUAL OCCUPATION (GIVE kind of work 10b. K.ND OF BUSINESS OR INDUSTRY 11 B RTHPLACE County & Stele, or foreign country) 12. CITIZEN OF WHAT CO	JNTRY?						
done during most of working I fe, even if refired)							
LAGORER WASH. N U.S.	/						
13. FATHER'S NAME							
Unknown (Inknown							
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO. 17 INFORMANTA Addres P	T.						
(Yes, no, prunkown) (Ifyesgive werordetes of service) Ruser Perry 6 223 Lee Pl. Cedar 1	Late						
	700						
18 CAUSE OF DEATH [Enter only one cause per line for (e) (b) end (c).)  INTERVAL BETW  ONSET AND DEA	EEN						
PART (. DEATH WAS CAUSED BY: MMEDIATE CAUSE (e) Pulmonary Edema  Days							
1 / A Thurston							
\$ 002.10 The second sec							
Conditions, if eny, which 3 (b) Bilateral Hydronephrosis and Hydroureter Months							
gove rise to immediate cause Post To Benign Prostatia Hypertrophy Months							
(e), sleling the underlying couse lest,							
PART 1. OTHER 3 GR FICANT CONDITIONS CONTROL OF PERFORMED							
YES 🔼 NO	o 🖸						
PART 1. OTHER S GN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. PERFORM PERFORM YES 20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW NJURY OCCURED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OF ITHER, NOTIFY MEDICAL EXAMINER).	-						
OR CONTRIBUTING [] CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)							
	—						
balant steel off as bldg. atc.)	ele)						
Hour e.m.  While Not While is actory, sheet, once didy., etc.]							
	a) last						
	saw the deceased a ive on2-19						
220. SIGNATURE ATTENDING MED. STAFF	DATE SIGNED						
M.D. PHYS. DIRECTOR PHYS.	/( GI) 12D						
22c. PHYSICIAN S 22d. ADDRESS							
NAME (Type) Dr. Ottavio Gelmi 1801 Eye St., N. W. Washington, D. C.							
236 (CRIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d (Spec by)	nal						
2-23-62 Plat Harmony Lin Highland PK	ria						
The state of the s	. —						
24 FEINERAL DIRECTOR'S SIGNATURE C ADDRESS							
Limy & Washington & Sas 4925 Weise One 112 Date FER 2 6 '62							





death. Page 4 mc. Trained by the hospital or attending physician.

TO FUNERAL DIMENSIOR. After this certificate has been signed by the attending physician and completely filled in the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 most should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any great, within 72 hours after death.

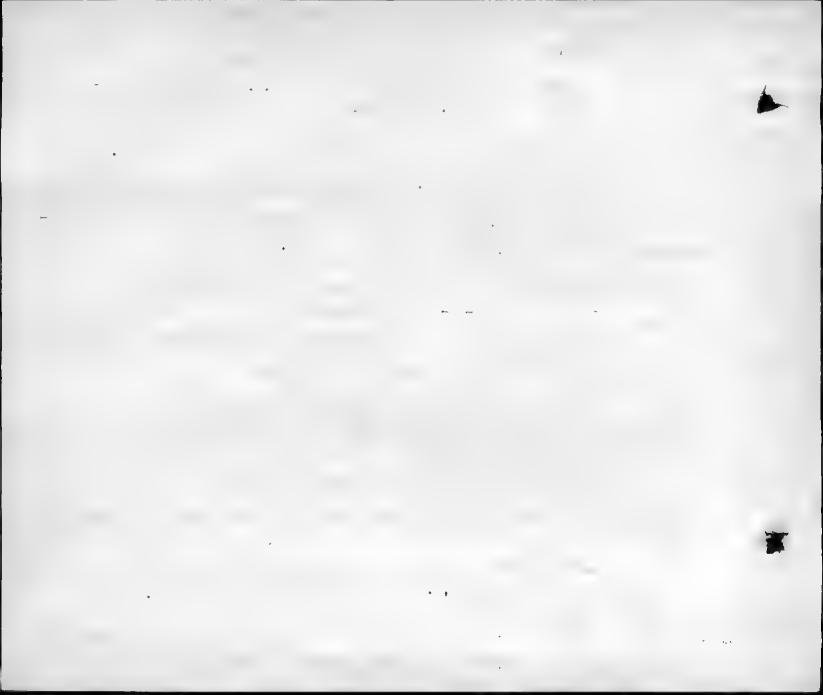
VE A15 (4)

### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 02263

Ϋ́Ι	- COUNTY	DENCE (Whate decaased lived, If institutions Ras dance before admission)
21	/] tage /] = - /1	ryland Prince Georges
	b. CITY OR TOWN (if outside corporate limits.   c. LENGTH OF STAY IN 16   c. CITY OR TOWN)	WN (If outside corporate timits, write RURAL and give nearest town)
		adburg Heights
4	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDI	
	Prince Georges General Hospital 52	
	3. NAME OF FrsI Middle st	4 DATE Month Day Year
	(Type or point Howard Phillips	DEATH Feb 28 19 62
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE WIRTH	9. AGE (In years, IF UNDER 1 YEAR' IF UNDER 24 HRS.  last birthday)   Months   Days   Hours   Min.
1		879 <u>82</u> yrs.
$\lambda$	10a USUAL OCCUPATION [Give kind of work   10b. KIND OF BUSINESS OR INDUSTRY 1]. BIRT IPLACE [done during most of working life, even if raturad]	(County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	Retired School teacher Carth	
	13. FATHER'S NAME	IDEN NÁME
	Orin Phillips Julia	Manchester
	15. WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT [Yes, no, or unkown]   (Ifyesgivawarordatasofsarvica)	Address Bradbury Pk.
	no none Loren W.A.P.	arker 5315 W St. Md.
	18. CAUSE OF DEATH [Enter only ona causa per line for (6), (b), and (c,.)	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) / Common J. A.	eluze (rema)
	DUE TO (1)	1 Dla elle ell
	Conditions, if any, which (b) Carcunoffic	a 16 the Prostate Ital,
-1	gave rise to immediate cause (a), stating the underlying DUETO (7) TO (1)	meles nephrosis
	causa lasi. (c)	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE T	ERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
		YES NO •
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TO	ry in Part I or Part II of Itam 18.)
		and the same of th
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED About 19 Hour a.m. 20d. INJURY OCCURRED While at work at wor	
	21. I certify that (I) (this hospital) attended the deceased from2-25	
	saw the deceased alive on 2-28 19.62, and that death occurred	
	22a, SIGNATURE ATTENDING	MED. STAFF 22b. DATE SIGNED
	Stany / Cultury M.D. PHYS.	DIRECTOR PHYS.
	22c. PHYS CIAN'S NAME (Typs)	
		h Street, N. W., Washington, D. C.
	23a, BURIAL CREMATION, 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY	
	3/2/62 Hillside Cemetery, 24 FUNFRAL DIRECTOR'S SIGNATURE ADDRESS 258	Champion, New York.
		LEAD 5 162
	W. W. Chambers Co., 517 11th St., S. E. DAT	E som





VS A15 (4) 15M 9/55

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

02287	CERTIFIC	ATE OF DEATH	Reg. Dist.	Q2271
1. PLACE OF DEATH O. COUNTY Py 1 32 CE	Pengre 5 MARYLAND	2 USUAL RESIDENCE (Where decease of STATE	b COUNTY From C	before admission)  E 4/CCYC/C S
b. CITY OR TOWN (if outside corpordie RURAL and give nearest town)  FOY OST WOLL	3 72000	c. CITY OR TOWN I If outside corp	orate limits, write RURAL and giv	e inecrest town)
d. NAME OF HOSPITAL (If not in hospital OR INSTITUTION 4008 - 82 MM	al, give street address)	1 4008 - 82 HA	fr	• 15 RESIDENCE ON A FARM? YES NO [2]
3. NAME OF DECEASED (Type or print) 1727.4	First Middle FraceCCV	PLOSI 4. DATE OF DEATI		Day Year
5. SEX F 6. COLOR OR RA	WIDOWED DIVORCED	MAR 18, 1884	lost birthdoy) Months O	YEAR IF UNDER 24 HRS  ays Hours Min
10a. USUAL OCCUPATION (Give kind of working right of working life, even if ret	ork done 10b. KIND OF BUSINESS OR IND ired)	Khode I.		EN OF WHAT COUNTRY
JAMES TO	SKUCE	14. MOTHER'S MAIDEN NAME	PIERCE	
15. WAS DECEASED EVER IN U. S. ARMED IVes, no. of unsupport) [If yes, give wor or date		INFORMANT IN A Sweeney	4005-82m	1 AUE Forest
18. CAUSE OF DEATH [Enter only on PART I. DEATH WAS CAUSED IMMEDIATE CAUSED	BY: Chest He	itastasis		INTERVAL BETWEEN ONSET AND DEATH ONSET AND CEATH
Conditions, if any, which	6) - 22 C D-662 1	as of back	L	6 month
code (o), stating the under- lying couse last.	(c)			
3 Anteria	conditions contributing to death BL	discassion,	Graease >	(o) 19 WAS AUTOPSY PERFORMED?
200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	ATH ER)	RED. (Enter noture of injury in Port I or Po	· · · · · · · · · · · · · · · · · · ·	
20c. TIME OF INJURY Month, Day, Hour a.m. p. m.	19 While Not while at work at work	PLACE OF INJURY (Home, farm, actory, street, office bldg., etc.)		unty) (Stote)
21. I certify that I attended alive on Felly	the deceased from 1 1247-K	1954, 10 1, 10 M. fro		st sow the deceases
ACTUAL SIGNATURE SICHE	Millen	ADDRESS (	Street, city or town, state)	DATE SIGNED
PHYSICIAN'S PETER	DILLE	Capital	Heights	11.1
220. SUR A., CREMATION, 22b DATE THE REMOVAL (Specific 2 - /2 -	EREOF 22c. NAME OF CEMETERY	OR CREMATORY 22d. LOCA	Linaton	Va-
23 FUNERAL DIRECTOR'S SIGNATURE	1661-Good Hop	LE PES SE 24a. REC'D BY REGIS	strar 246/REGISTRAR'S SIGN	
4 7				



Division of STATISTICAL RESEARCH **EXAMINER'S** I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased fived, if institution, Residence before admission) B. COUNTY for your fire b. COUNTY e. STATE b. CITY OR TOWN (if outside corporeta fimits) E. TLENGTH OF STAY IN 16 c. CITY OR TOWN (if outside corporate tim ts, write RURAL and give nearly town) direct Board d. NAME OF HOSPITAL ORUNSTITUTION (if hat in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARMT YES NO D NAME OF M.ddle DATE Day Year DECEASED OF DEATH (Type or print) B. DATE OF BIRTH AGE (In years | IF UNDER I YEAR IF UNDER 24 HRS. 2 V. Jan b mhdey) Hours WIDOWED DIVORCED 10s, USUAL OCCUPATION (Give kind of work done during most of working life, byen if retired) 12. CITIZEN OF WHAT COUNTRY? 106. KIND OF BUSINESS OR INDUSTRY I pages 13. FATHER'S NAME MOTHER'S MAIDSH NAME 15. WAS DECEASED EYER IN U.S. ARMED FORCES 16. SOCIAL SECURITY NO. (Yas, po, or unkown) (Hyesgiyawarordatasofservica) permit. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH guoje burial-transit I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (e) **DUE TO** Conditions, if any, wh off pava rise to immediate cause 10 **DUE TO** (a), stating the underlying 80 cremation, PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? 8 NO A v 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of Iam 18.) 200. EXTERNAL CAUSE WAS PRIMARY [] or CONTRIBUTING [] CAUSE OF DEATH. Chief Me age 3 sho to burial, the Chie 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 7 20f. (City or town) (County) 20c. TIME OF INJURY Month, Day, Year (State) factory, street, office bldg., etc.) Q Not While While at work et work forwarded to the L DIRECTOR: Inspection X Inquiry A 21. I certify that I took charge of the remains described above, held an Autopsy | and in my opinion Undetermined manner death resulted from: Natural causes Accident Suicide | Homicide | CHIEF MEDICAL EXAMINER should be forward PUNERAL DIN ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY EXAMINER'S NAME (Typa) Address (Street, city, town, or county) Dlease of A shour 22d. LOCATION (City, town, or country) YS. AISME '62 5M 9/60

STATE DEPARTMENT OF HEALTH



**CERTIFICATE OF DEATH** 02289 Reg. Dist. NU22 Page 1 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased; lived If institution; Besidence before admission) . COUNTY ed. RINCE b COUNTY GEORG death? b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RUBAL and give negrest town) RURAL and give nearest town) TSVILLE n after d NAME OF HOSPITAL (If not in hospital, give street oddress) d STREET ADDRESS e. IS RESIDENCE ON A FARM? RSING 7 P ISON MANDR YES | NO TO ond Ē NAME OF 4. DATE (Type or print) 196 5. SEX AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lou. isthday) Months Days WIDOWED I DIVORCED | popers. 100. USUAL OCCUPATION (Give kind of work dame 106 JUND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? dast of working life, even if retired) and carbon offer 13 FATHER'S NAME 14 MOTHER'S MAJOEN NAME 15. WAS DECEASED EXER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT 1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Ė any Conditions, if any, which gave irise to immediate per DUF TO cause (o), stating the underpuo lying couse fost. buriol-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES [] NO 200 ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II af item 18) 003 20c TIME OF INJURY Month. 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, Doy, Year 20f (City or town) (County) (Stote) Not while MEDI foctory, street office bldg. etc.) Hour o.m. While at work Ol work p. m 21 I certify that I attended the deceased from \_ . 19 Sthat I last saw the deceased Pe and that death occurred at I A.M. from the causes and on the date stated above. alive on ADDRESS (Street, city or town, state) DATE SIGNED 6600 Bellcrest Rd FUNERAL DIRECT ACTUAL SIGNATURE Hyattsville Md prior PHYSICIAN'S NAME (Type) 220 BURIAL, CREMATION. 22b DATE THEREOI 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City fown, or county) (Slote) page Burial (Specify) Feb 9. 1962 Loudon Park Cemetery Baltimore, Md. 2 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24g, REC'D BY REGISTRAR 24Ь. REGISTRAR'S SIGNATURE F. Gasch's Sons Hyattsville, Md. VS A1S (4) 15M 9/S5 ( " n 8 / mm

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



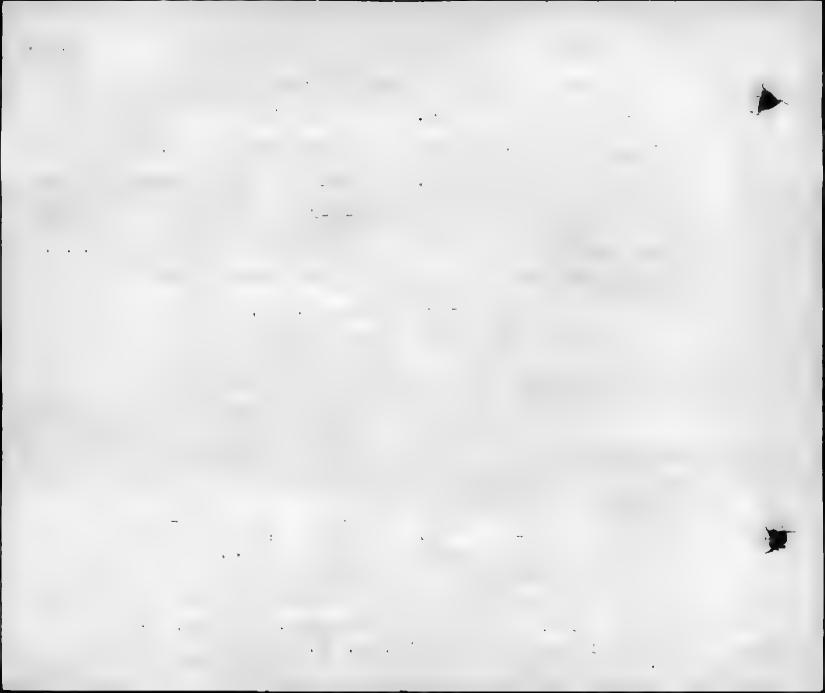
DIVISION OF STATISTICAL RESEARCH AND RECORDS. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased (ved. If institution, Ras dence before ac a. COUNTY **b** COUNTY ». STATE Naryland Prince George's Prince George's MARYLAND b. CITY OR TOWN ( f ou side corporate lim is, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate fimits, write RURAL and give nearest town) Write RURAL and give regrest town; Oxen Hill Hrs. Chever ly d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address d. STREET ADDRESS filled w. IS RES DENCE ON A FARM? 2409 Oxen Run YES NO Prince George's General Hospital Apt. S 3. NAME OF DATE DECEASED OF DEATH (Type or print) February Marv 19 62 Α. Polk 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 8. DATE OF BIRTH lest birthday) | Months | Days and Hours Female White WIDOWED ! DIVORCED T 1-15-22 lease rem ton. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE County & State, or foreign country) 1 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) U.S.A. New Jersev Housewife 14. MOTHER'S MAIDEN NAME attending | Then please Mary (Last name unknown) Daniel McCarthy 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Then (Yes, no, or unknown) (If yas give war or datas of service) 579-22-1999 Douglas T. Polk, 18. CAUSE OF DEATH [Enter only one cause ger line for ,a) (b), and (c) INTERVAL BETWEEN ONSET AND DEATH 6 MMMED ATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause DUE TO (a), stating the underlying cause last. PART II. OTHER'S GNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART ILE. 19. WAS AUTOPSY PERFORMED? NO 1 200. ACCIDENT WAS UNDERLYING LOR CONTRIBUTING [] CAUSE OF DEATH 20b. DESCRIBE HOW NIJRY OCCURED (Enter nature of injury in Part I or Part II of Item 18) à (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. NJJRY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) 20c. TIME OF INJURY Month, Day, Year factory, streat, offica b dg., atc.) While Not While at work at work OR: 21. I certify that (1) (this hospital) at ended the deceased from ... 2-8. saw the deceased alive on .... 2-8 22b. DATE 22a. SIGNATURE MED. P.M. ATTENDING SIGNED STAFF DIRECTOR PHYS. PHYS. M.D. death. Page 4

CO FUNERAL

director, page 3

be filed with th 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 238. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (Stata) REMOVAL (Specify) Columbia Gardens Cem. Arlington, Q H 2-12-62 Burial Va. 1 258 REC'D BY REGISTRAR | 256. REGISTRAR'S SIGNATURE Home, 2847 Wilson Blvd. Arl... VR A15 (4) C. I must & Phomas DATE FEB 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 02275 CERTIFICATE OF DEATH 02291

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3 NAME OF DECERTOR   December   D		Prince Georges General Hospital	
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22c PHYS.CIAN'S NAME (Type) Dr. William B Gunther ., N.D.  23b. BURIAL, CREMATION, 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town or county)  Cremation 2/13/62 Ft. Lincoln  Colmar Manor,  Md.  24 FUNERAL, DIRECTOR'S SIGNATURE Hyattsvilless Maryland  25c. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE		1 1	22b, DATE
NAME (Type) Dr. William B Gunther., N.D.  238. BURIAL, CREMATION, 236. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town or county)  Cremation 2/13/62 Ft. Lincoln   Colmar Manor, Md.  24 FUNERAL, DIRECTOR'S SIGNATURE   Hyattsvillers Maryland   250 REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE		William William Mer M	
College Park., Mr. D.  238. BURIAL, CREMATION, 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY  Cremation 2/13/62 Ft. Lincoln Colmar Manor, Md.  24 FUNERAL, DIRECTOR'S SIGNATURE Hyattsvillers Maryland 250 REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE			22d. ADDRESS 9812 49th Ave
Cremation 2/13/62 Ft. Lincoln Colmar Manor, Md.  24 FUNERAL DIRECTOR'S SIGNATURE Hyattsvillers Maryland 250 REGISTRAR 25b. REGISTRAR'S SIGNATURE		NAME (1990) Dr. WIIIIam B Gunther ., M.D.	College Park., M'D.
24 FUNERAL DIRECTOR'S SIGNATURE Hyattsvillers Maryland 250 REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE		238. BURIAL, CREMATION, 236. DATE THEREOF , 23c NAME OF CEMETERY	OR CREMATORY 23d LOCATION (City, town or county) (State)
11 11 1			
Gaselis & unlial home DAYFEB 14 '62 1 11 19 8 55		24 FUNERAL DIRECTOR'S SIGNATURE Hyattsvilles Maryla	
	ę	Baselis & unual home	DATEEB 1 4 '62 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

he funeral The lam requires that the death mrtifical be secuted within 24 hours along IO HOSPITAL OR ATTENDING PHYSICIAN: The less requires that the death entitical be secuted within 24 death. Page 4 may retained by the hospital or attending physician.

IO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 is be filled with the State Dept. of Health prior to burial, gremation, or removal, and in any event, within 72 hours after the beautiful transity.

VR A15 (4) 15M 9/60 11



DIVISION OF STATISTICAL RESEARCH STREET, BALTIMORE 1, MARYLAND 8 Film G308 USUAL RESIDENCE (Where decoesed lived, If institution, Residence before admission) PLACE OF DEATH b. CITY OR TOWN (if outside corporate limits) MARYLAND c. CITY OR TOWN (If outs de corporata limits, write RURAL and give neerest town) c. LENGTH OF STAY IN 16 write RURAL and give necrost town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) NAME OF DECEASED (Type or print, 6. COLOR OR RACE 7, MARRIED X NEVER MARRIED 8. DATE OF BIRTH 9. AGE IN YOUR LIF UNDER I YEAR IF UNDER 24 HRS. last birthdey) | Months | Deys VEOSO WIDOWED or foreign country) | 12, CITIZEN OF WHAT COUNTRY? 10a. USUAL OCCUPATION (Give kind of work done during most of working life, e of fretired) 13. FATHER'S NAME please EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. (Yes, no, or unkown) (Ifyasgivewarordatesofservice) ONSET AND DEATH PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) ULMOHARY HEART FAILURE Conditions, if env. which geve rise to immediate cause DUE TO (e), steting the underlying PART II OTHER SIGNIFICANT CONDITIONS CONTRIBLTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDIT ON GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? NO T 208 ACC DENT WAS LINDERLYING \_\_\_ 206 DESCR BE HOW INJURY OCCURED. (Enter neture of injury in Pert Lor Pert II of Item 18.)
OR CONTRIBUTING \_\_ CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year , 20d. INJURY OCCURRED , 20e. P. ACE OF INJURY (Home, farm, 20f. City or town) (County) factory, street, office bldg., atc.) While \_\_\_Not While Hour a.m. el work at work 22b. DATE 220. SIGNATURE SIGNED ATTENDING DIRECTOR | PHYS. PHYS death. Page 4 TO FUNERAL director, page 3 be filed with the 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Jeanne C. 23a, BURIAL, CREMATION, 23b DATE THEREOF 123c. NAME OF CEMETERY OR CREMATORY 1.23d. LOCATION (City, fown or county) (State) There of Connection 256. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR'S SIGNATURE VR A15 [4] 15M 9/60



FOR STATE HEALTH DEPT. TO DEPUTY MECALIFICATE, This certificate should be executed within 24 hours after death. If any delay is negessary, please execute this catificate, writing the word "pending" in pending them 18. Give Pages 1, 2, and 3 to the funeral directions a should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO TUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. ASSME 5M 9/60

# MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 12 23 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 12 USUAL RESIDENCE (Where deceased lived, If Inditation, Residence before by the country by the count

1 "	. COUNTY				NCE (Where deceased lived		ience before edmission)
	F	rince George'	S MARYLAND	a. STATE		Prince	George's
	b, CITY OR TOWN (I	f outside corporate limits; give nearest town)	c. LENGTH OF STAY IN 16	C. CITY OR TOWN	(If outside corporate limits,	write RURAL and giv	ve nearest town)
[_	Cheverly		D.O.A.	Uppe:	r Marlhoro		
	d. NAME OF HOSPIT	TAL OR INSTITUTION (if not in hos	ipital, g.ve streat address)	d. STREET ADDRESS	2	_ ~	. IS RESIDENCE
F	rince Ge	orge's Genera	al Hospital	RFD 1	653		YES TO NO TO
3.	NAME OF DECEASED	Ent	Middle	Last	4. DATE M	lonth 2 Da	ay Yage O
	(Type or print)	Carolyn H	Ravenell		of Pebrus	ary 3	" '62 19
5.	SEX	6. COLOR OR RACE 7. MARRIE	D NEVER MARRIED	B. DATE OF BIRTH		BARS   IF UNDER 1 YEA	
7.4	emale	Colored WIDOWE		November	8.1953 8 m	THE PERSON NAMED IN COLUMN 1	s Hours Min.
10	. USUAL OCCUPATI	ON (Give kind of work   105, Ki	IND OF BUSINESS OR INDUST				OF WHAT COUNTRY?
000	None	rking life, even if retired)	none	Distri	ct of Colu	mbia U.	S.A.
13.	FATHER'S NAME			14. MOTHER'S MAIDEN	NAME		
	Juanit	a Ravenell		James E	dward Quar	les	
		ER IN U.S. ARMED FORCES?   16.	SOCIAL SECURITY NO. 17.	INFORMANT	Dade	Or Welfs	are Departm
1,,,	no		none   M	rs Mary Mi	+ ahall	shingtor	-
	18. CAUSE OF D	EATH Enter only one cause per la	ine for (a), (b), and (c).)				INTERVAL BETWEEN
		H WAS CAUSED BY:	Bronch	opyen	Makia	•	ONSET AND DEATH
	1101	DUE TO	77110.1	- 4	Live Ta T. of	-	
	Conditions, if any,	0					
	gave rise to Immedia	ale cause				-1	
	(e), stating the un	nderlying DUE TO					
-	cause lest.	SIGNIFICANT CONDITIONS CON	ITPIRITING TO DEATH BUT M	OT BELLIED TO THE TERM	INIAL DISEASE COMPLETION	CHARLINI DA DE LA	10 1015 115 005
P	PARTIL OTHER	SIGNIFICANT CONDITIONS GOIN	TRADE TO BENTH BOT IN	OT RELATED TO THE TERM	HAVE DISEASE CONDITION	OITEX III PARI 1,0)	PERFORMED?
ě	20s. EXTERNAL CA	LICE MAKE DOCUMENT	BE HOW INJURY OCCURED.	fr a	. N		YES THO 1
CERTIFICATION	PRIMARY OF CO		IBE HOW HOOK! OCCURED.	fruiter becare of infully to be	att I or rest is of tiem ID.)		
ř	20c. TIME OF INJUI	NY 11-11 D. Y. 1201	Dillipy Occuping Land Bu	A CT OF BARBON (II)	1.000		
2	Hour e.m.	RY Month, Day, Year   20d.   While		ACE OF INJURY (Home, far story, street, office bldg., at		(County)	(State)
MEDI	p.m.	19 al worl	k et work				
	21. I certify th	at I took charge of the rem		eld an Autopsy X,	Inspection X, Inc	quiry 🔼, an	nd in my opinion
	death resulted for	rom Natural causes 🔀	Accident, Sur	cide	Undetermined	d manner 🔲	
		$\wedge$		CHIEF MEDICAL	EXAMINER		
	ACTUAL SIGNATURE	amin	) 1 Jane	MD. ASSISTANT ME	DICAL EXAMINER		DATE SIGNED
	EXAMINER'S	James I. Boy	a	DEPUTY MEDICA	AL EXAMINER 🔲 🔻 🕞	bruary 3	3. 1962
	Address (Street, city, town, or county)						
226, BURIAL, CREMATION, 226. DATE THEREOF ZZC. NAME OF CEMETERY OR CREMA			IN CREMATORY	22d. LOCATION (City, H	own, or country)	(State)	
	Purial	12-9-1962	Hramony ''em		Huntsville		
	23. FUNERAL DIRECTOR  ADDRESS  MALVAN & SCIEY, INC. 424"R" St., N. W.						
187	HTANN & SC	· E1, 110. 424"1	IV. Db., IV. VIA	DATE	a 9 '62   C	Wilms S. How	M.



18 0	12294 CERTIFICATE OF DEATH 02278
funeral should	1. PLACE OF DEATH e. COUNTY  2. USUAL RESIDENCE (Where deceased   ved, if institution; Residence before admission) e. STATE b. COUNTY
Pour Pour	PRINCE GEORGES  b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town)  write RURAL and give neerest town)  C. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town)
hin 2	ANDREWS AIR FORCE BASE 3 DAYS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)  CAMP SPRINGS d. STREET ADDRESS  ON A FARM?
hed wi	US AIR FORCE HOSPITAL 6402 LANHAM WAY  3. NAME OF First Middle Last 4. DATE Month Day Year
xeculomple pap	(Type of print) JOSEPH IRVING REYNOLDS DEATH FEBRUARY 5 19 62
be e	5 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH  MALE CAUCASIAN WIDOWED DIVORCED 1 FEBRUARY 1962 9 AGE (In yeers IF UNDER 1 YEAR IF JNDER 24 HRS. lest birthday) Months Deys Hours Min.
icate	Tipe. USUAL OCCUPATION (Give kind of work   1Db. KIND OF BUSINESS OR INDUSTRY, 11, 8 RTHPLACE (County & State or foreign country)   12. CITIZEN OF WHAT COUNTRY? done during most of working life, even it retired)
certifi physia any	NONE NONE PRINCE GEORGES, MARYLAND UNITED STATES_  13. FATHER'S MANE  14. MOTHER'S MAIDEN NAME
ding ding I learly and I learly	WILLIAM ROBERT REYNOLDS ELEANOR ROSE DEANGELIS
the datten	15 WAS DECEASED EVER N L.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT  (Yes, no, or unkown) (Hyesgivewerordetesofservice)  NONE  MEDICAL RECORDS  SAME AS ITEM #1
that n. n. the	T 18 CAUSE OF DEATH IF DE ONLY ONE CAUSE PRANTICE OF A CAUSE OF THE CA
puires ysicia ad by parm parm r, or r	PART I EATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  Condition if ony, which pere rise to immediate couse  (b)  Placental dysfunctions  Condition if one couse  (b)
w required physical signs of the sign of th	Conditor if ony, which ) Placental desfunction
he lar lendir been urial-t	(a) stating the underlying DUETO
N: I or all or all or all or all or all or all or or all or all or or or all or or or all or	cause lest.    Column   Column
CIA pital fincate fincate r to t	YES NO -
PHYSI the hos h s cert for us th prio	20% ACCIDENT WAS UNDERLYING J. 206 DESCRIBE HOW INJURY OCCURED (Enter nature of in usy in Part   or Part
DING Sed by Affer t etached of Heal	ZQc. TIME OF INJURY Month, Dey, Year 2Dd. INJURY OCCURRED 2De, PLACE OF INJURY (Home, ferm, 20f (City or town) (County) (State)  While Not While et work et work et work
Dept.	21. I certify that to (this hospital) effended the deceased from. 1.7.66, 1962, to
REC Nould tate	saw the deceased after on 5 126
4 mar	MD. PHYS DIRECTOR PHYS. 5 Feb 62
PITA Page Page with	222. PHYSICIAN JOHN A MOORE, Major USAF MC USAF HOSPITAL, ANDREWS AIR FORCE BASE, M
Hr. The Frunch of Filed	23e. BURIAL, CREMATON 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or county)
ဥုမ္မိဳင္မ <sup>န္</sup> နီ	BURIAL HOLD MILL / CATIONAL FORT MYER VA
VR A15 (4) 15M 9/60	W.W. L. HAMBERS CO WASH DC DATE TO 9 162 Conthur 8. Trans

Trem 18 Film 514 6 4 ARYLAND STATE DEPARTMENT OF HEALTH

2 toght



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, W. PRESTON STREET, BALTIMORE 1. MARYLAND . PLACE OF DEATH 2. USUAL RESIDENCE (Whate decaased lived, if institution; Residence before admission) e. COUNTY Prince George's MARYLAND b. CITY OR TOWN (if outside corporela limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate I mits, write RURAL and give nearest fown) write RURAL and give nearest town) OXON H111 21 years
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) Oxon Hill d. STREET ADDRESS . IS RESIDENCE ON A FARM? Oak Drive Oak YES NO T White White 4955 3. NAME OF DATE Middle DECEASED OF Sallye (Type or print) Irvin Rogers DEATH February 62 19 6 COLOR OR RACE 7. MARRIED X NEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR B DATE OF BIRTH IF UNDER 24 HRS. 2 with 57 yrs. White | WIDOWED | DIVORCED 10s, USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY | 11. B.RTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working I fe, even if retirad) Housewife Own Home Illinois U.S.A. P.M.3. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Noah B. Austin Pearl Norsinger 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (Ifyes give wer or datas of service) George Milton Rogers, same 1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. Cerebrovascular accident IMMEDIATE CAUSE (+) Office r's Office a burial-removal, DUE TO C ardiovascular renal disease Conditions, if any, which gave rise to Immediate cause DUE TO (e), stating the undarlying cause last. PART J. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART J. 91 19. WAS AUTOPSY CERTIFICATION Medical Ex should be u PERFORMED? NO QX 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of Injury in Part I or Part II of item 18.) PRIMARY | or CONTRIBUTING | vriting the Chief Me age 3 sho to burial, CAUSE OF DEATH. 20c. TIME OF INJURY 2Dd. INJURY OCCURRED , 20a. PLACE OF INJURY (Home, farm, ; 2Df. (City or lown) Month, Day, Year (State) factory, street, office bldg., etc.) While Not While Hour e.m. at work at work forwarded to the 21. I certify that I took charge of the remains described above, held an Autopsy | ), inspection K Inquiry X and in my opinion death resulted from. Natural causes 🗶 Accident Sulcide Homicide [ Undetermined manner CHIEF MEDICAL EXAMINER should be forward it. FUNERAL DIT ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE . O DEPUTY DEPUTY MEDICAL EXAMINER February 17,1962 NAME (Type) Address (Street, city, town, or county) ames I 27a, BURIAL, CREMATION 22d. LOCATION (City, Jown, or country) 246. REC'D BY REGISTRAR | 246. REGISTRAR'S SGNATURE VS, AISMP 5M 9 6Q



VR A1S (4) 15M 9/59 I

### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

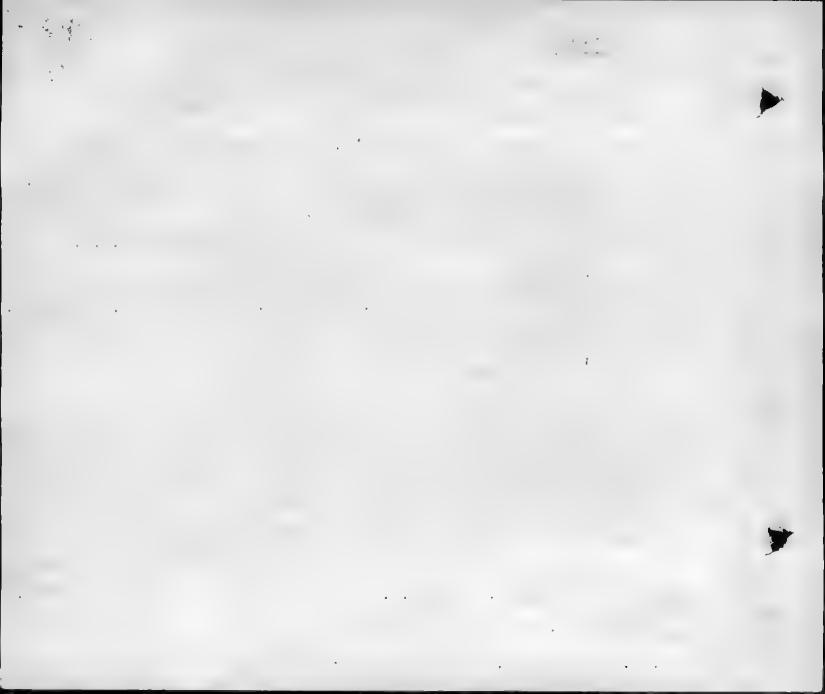
	0220g C	ERTIFICA	TE OF DEATH	0;	5580
	Prince Georges	MARYLAND	2. USUAL RESIDENCE (Where decease of STATED 15 to 1 ct	of b. COUNT Colu	before admission)
	RURAL and give nearest town).  RUV21 - Forestiville 3 a	OF STAY IN 16	c. CITY OR TOWN (If outside cons		47X 2
	or Institution Torestville Nursing Home		3359 Nic	hols Ave	e. IS RESIDENCE ON A FARM? YES NO
4		S &	RUSH DEAT		By 1962
	Female White widowed []	DIVORCED [	September 28,1891	dast birthday Months (	YEAR IF UNDER 24 HRS Days Hours Min
	Town college	1 . / 6	hig West Virgi	4 4 4	S. of A.
	Lee Calvert		Samantha		
	15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SEC (Yes no. of unknown) (If yes give wor of doles of service, 234-09		Mrs. Mary C. F		54 NicholsAve
	1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b) PART I. DEATH WAS CAUSED BY- IMMEDIATE CAUSE (a)	4	= 4 monia		INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any, which ) (b)	-			***************************************
	gave rise to immediate couse (o) stating the under lying cause last	agrando H		_	
,	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTION  / PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTION  / PART II OTHER SIGNIFICANT CONDITIONS  / PART II OTHER SIGNIF	c Hear	t Disease		1(d) 19. WAS AUTOPSY PERFORMED? YES NO IP
	206. ACCIDENT WAS UNDERLYING 1 206. DESCRIBE HOW OR CONTRIBUTING 1 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		_		
	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCU	hule for	ACE OF INJURY (Hame, form, 20f. (C ttory, street, affice bldg , etc.)	ity or town) (C	ounly) (Stote)
	21 I certify that (I) (this hospital) attended the desay the deceased glive an Feb. 8, 196	eceased from	Feb. 6, 1962, 10		that (!) (we) last
	saw the deceased alive an February 196 220 S GNATURE  William Control  Library  Library		leath occurred at 7. M., from	agents g	22b DATE
	PAME (Type) Walcutt W. Gib	sen M	22d ADDRESS -	rabas Road, Wa	ishington 21,D.
	BURIAL CREMATION 236 DATE THEREOF 23c NAME OF THE PROPERTY 2-12-1962 ROBE	RTS PLOG	C K.K.	ATON (City town, or county)	/NRGINIA
	24 FUNERAL DIRECTOR'S SIGNATURE 60. Rurola	sep, Ano	DATE 1 1 3 7		*



MARYLAND STATE DEPARTMENT OF HEALTH W. PRESTON STREET, BALTIMORE 1, MARYLAND Division of STATISTICAL RESEARCH AND RE MEDICAL EXAMINER'S FOR STATE 2. USUAL RESIDENCE (Where deceased livid, If institution, Residence before edin ssion) 1. PLACE OF DEATH b. COUNTY P a. COUNTY g G rince Georges Prince Georges County

b. CITY OR TOWN (if outs de corporate I mais,

c LENG C LENGTH OF STAY IN 16 c. CITY OR TOWN (if outside corporete limits, write RURAL and give nearest town) write RURAL and give neerest lown) District Heights y is ne direct District Heights
d NAME OF HOSPITAL OR INSTITUTION (1 not in hospital, give street address) d STREET ADDRESS a. IS RESIDENCE ON A FARM? 7702 District Heights Parkway No X Heights Medical Center District State sath. 3. NAME OF Middla DECEASED (Type or print) DEATH 19 62 HENRY SHARDEN SCHWAMP February 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR B DATE OF BIRTH IF UNDER 24 HRS. lest birthday) WIDOWED DIVORCED May 15. Mele 10a. USUAL OCCUPATION (Giva kind of work 1Db. KIND OF BUSINESS OR INDUSTRY ( 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Child Cheverly, Maryland U.S.A. Child pages 1 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Sharden H. Schwamp Joanne Pritickies IS. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO.; 17 INFORMANT Addres 7702 District (Yes, spot or unknown) | (If yes give wer or deter of service permit. Mr. Sharden H. Schwamo, Hgts. Park by, Md. 18. CAUSE OF DEATH [finler only one cause par line for (a) (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Bronchopneumonia IMMEDIATE CAUSE (\*) is to **DUE TO** Offi Measles Conditions, if any, which (b. gave rise to immediate cause. 70 DUE TO (e), steting the underlying 90 PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBLE NG TO DEATH BUT NOT RELATED TO THE TERMINAL D.SEASE COND.T ON GIVEN IN PART IL. 19. WAS AUTOPSY PERFORMED? NO X 206 EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert I or Part I, of stam 18. PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. Chief age 3 20d, INJURY OCCURRED 20e, PLACE OF INJURY (Home, ferm, 20f, (City or town)) (Steta. 20c. TIME OF INJURY Month Day, Yaar factory, street, office bldg., etc.) While Not While φ O. at work [ at work forwarded to the DIRECTOR: 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection X Inquiry X and in my opinion Natural causes X. Homicide Undetermined manner death resulted from, Accident Surcide CHIEF MEDICAL EXAMINER lease execute the should be forwa FUNERAL DII rits designated a ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED DEPUTY MEDICAL EXAMINER [ DEPUTY BOYD, M.D. February NAME (Type) Address (Street c'ty, town or county) 22c. NAME OF CEMETERY OR CREMATORY 22d. TOCATION (City, lown, or country) 226 BURIAL, ORMANIONS 226. DATE THEREOF ROSOV)(IX Specify) Q40 g Washington National Suitland, Maryland Burial REC'D BY REGISTRAR | 246 REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR VS. AISME Riverdale, Md. 5M 9'60



#### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

02298

**CERTIFICATE OF DEATH** 

1 PLACE OF DEATH C COUNTY Prince Georges MARYLAND	2 USUAL RESIDENCE (Where deceased lived. If institution Residence before admission)  MATY land  b. COUNTYPr. Geo.
b CITY OR TOWN (If outside carparate imits, write RUSAL and give nearest town)	c CITY OR TOWN (If outside carporate umits, write RURAL and give nearest lawn)  (Riverdale
d NAME OF HOSPITAL (If not in hospital, give street address)	d Street Address  4714 Oliver Street  • 45 RESIDENCE ON A FARM? YES  NO [
3. NAME OF DECEASED (Type or print) ALEXANDER B. SE	COR Last 4. DATE Manth Pay Year 19 62
S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH 12/2/78 9. AGE (In years last birthday) 83 IF UNDER 1 YEAR IF UNDER 24 HI Months Days Hours Min
100 USLAL OCCUPATION (Give kind of work dame during most of working life, even if refired)  Ret. Clerk Govt.  Navy Dept.	11. BIRTHPLACE (State or foreign country) New York  12 CITIZEN OF WHAT COUNTR U.S.A.
J. Eugene Secor	Maria Kenny
	Isie L. Secor Same as # 2 (Wife)
PART I. DEATH Enter only one couse per Jine for (a) (b) and (c) }  PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a)  DUE TO	very Congelian. Interval Between onset and Death
Conditions, if any, which gave rise to immediate cause (a), stating the under-lying cause last (c)  Part II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	IT NOT RELATED TO THE TERMINAL DISEASE COND T ON GIVEN IN PART 1(0) 19. WAS AUTOPS
Z	PERFORMED? YES NO
©   OR CONTRIBUTING □ CAUSE OF DEATH   (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter nature of injury in Part I or Part II of item 18 )
	LACE OF INJURY (Hame, farm 20f (City or lawn) (County) (Stanctory, street, affice bldg., etc.)
21 I certify that (I) (this haspital) attended the deceased from saw the deceased alive an 3/1/220 SIGNATURE.	death accurred at M, from the causes and an the date stated above  ATTENDING MED STAFF TO STAFF
22c PHYSICIAN'S NAME (Type) WL, ETIENNE	M.D. PHYS DIRECTOR PHYS D  22d ADDRESS Bermyn Ad Creage Bary
Removal Specty 2/12/62 Riverview C	
F. Gaseh's Sone Hyattsville, Md.	25a. REC'D BY REGISTRAR'S SIGNATURE  DATE FEB 1 3 162 7 9 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

TO HOSPITAL OR ATTICHING PHYSICIAN: The aw requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by aspital as attending physician.

TO FUNERAL DIRECT Set this certificate has been signed by the attending physician and completely filled in by the formal discretar, page 3 should be detached for use as the burial-transit permit. Then please remaye carbon pagers. Pages 1 and 2 shauld confident with the State Board of Health prior to burial, cremation, ar remayal, and in any event, within 72 haurs offer death VR A1S (4) 1SM 9/59

al director,



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARY 1220 MEDICAL EXAMINER'S CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased fived, if institution. Residence before admiss on) e. COUNTY a. STATE 6. COUNTY Prince George's MARYLAND b. CITY OR TOWN (if outside corporate limits, C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) write RURAL and give nearest town) Board of Few\_Hours Stafford STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Bowie Race Track Route Box 3. NAME OF Middla 4. DATE Month DECEASED OF (Type or print) DEATH Ashtor Shackelford February 13 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 8. DATE OF BIRTH last birthday) Months October 16, Male DIVORCED [ 73 yrs. 10s. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. B RTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if rettred) Motorman Streetcar pages | within 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME PM3. Strother Alexander
15. WAS DECEASED EYER IN U.S. ARMED FORCES? File Shackelford Mahoney Jeanette 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) | (If yes give were rdetes of service) Gordon Shackelford, Wash. No 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b,, end (c).) PART I. DEATH WAS CAUSED BY Houte CARDIAC FAILURE IMMEDIATE CAUSE (a) Office Durial-t 1 DEUERE OCCLUSIVE CORONARY ARTERIOSCUEROSIS Conditions, if eny, which gava rise to immediata cause DUE TO (e), stating the underlying Examiner cause lest. pesn PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1-1/1 19, WAS AUTOPSY 8 Medical 1 Should be 20a. EXTERNAL CAUSE WAS 206. DESCRIBE HOW INJURY OCCURED, (Enter nature of Injury in Part I or Part II of Iem 18.) PRIMARY [ or CONTRIBUTING [ CAUSE OF DEATH. writing to Chief / Page 3 s 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, | 20f | (City or town) 20c. TIME OF INJURY Month, Day, Year [County] factory, street, office bidg., etc.) While Not While at work forwarded to the IL DIRECTOR: Fasted agent, prior at work 21. I certify that I took charge of the remains described above, held an Autopsy III. Inspection Inquiry XX death resulted from: Natural causes by Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER [ DEPUTY MED iease execute the I should be forwa V FUNERAL DII r its designated a ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** NAME (Type) Address (Streat, city, town or county) 228, BURIAL, CREMATION, 226, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 40 VS. A15ME FEB 1 9 '62 Cithan S. Kings ...

RYLAND STATE DEPARTMENT OF HEALTH

IS RESIDENCE ON A FARM?

YES NO F

F UNDER 24 HRS.

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

NO

(State)

and in my opinion

DATE SIGNED

2/13/62

Davs

J.S.A.

5M 9/6D



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

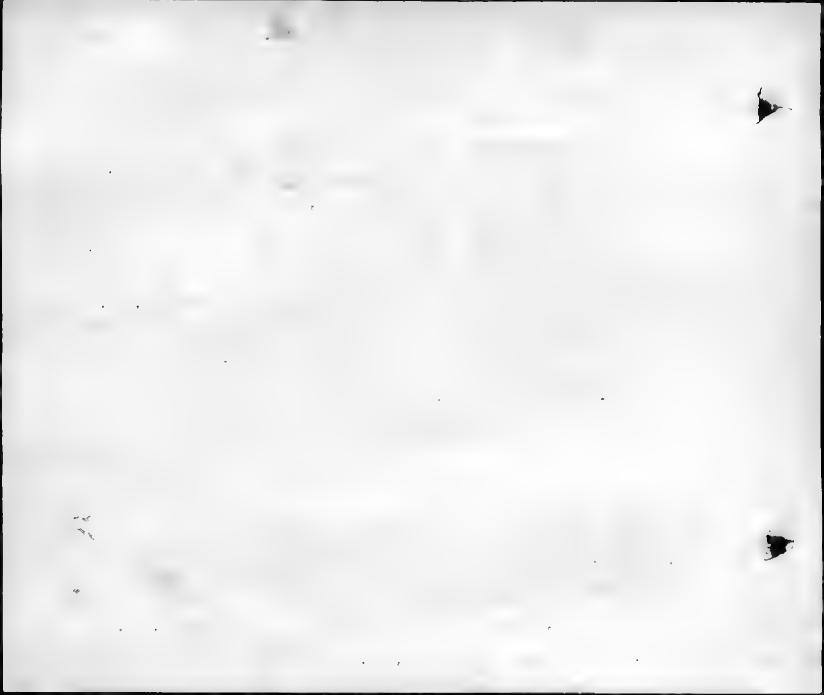
02284

$\vdash$							
1	PLACE OF DEATH o. COUNTY				tion: Residence before admission)		
	D	MARYLAND	o. SIAIE Maryla	and	Pro George's		
	b. CITY OR TOWN (It outside corporate limits, RURAL and give nearest fown)  Landover Md	write c. LENGTH OF STAY IN 15	CONTY OR TOWN (IF o		RURAL and give nearest town)		
$\vdash$	d NAME OF HOSPITAL (If not in hospital, give	street address)	d. STREET ADDRESS		e. IS RESIDENCE		
	or institution 6600 Old Landover	Road	6600 Old La	undover Road	ON A FARM? YES NOTE		
3.	NAME OF DECEASED (Type or print) Suzie	Middle St	legogue	4. DATE MODE OF DEATH	19		
5.	A	MARRIED NEVER MARRIED DIVORCED DIVORCED	B DATE OF BIRTH Oct 23, 188	9. AGE (in year last birthday)	Months Days Hours Min		
10	usual occupation (G ve kind of work don during most of working life, even if retired) Housewife	own Home	Marylan	d	12. CITIZEN OF WHAT COUNTRY? USA		
13.	FATHER'S NAME		14. MOTHER'S MAIDEN N				
0	George M Henaul	ld	Annie Broo	ks			
	WAS DECEASED EVER IN U. S. ARMED FORCES		INFORMANT	Ad	dress		
L	III yes, give war ar bare or service	none V	Valter E Sheg	ogue Lando	ver, Md.		
	PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (b)  Conditions, if ony, which gove rise to immediate cause (a), stating the under-lying couse (a), stating the under-lying couse lost	anterior arterior	clerosi-	Corner guero	interval between onset and death		
CERTIFICATION	PART II OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION G VEN IN PART 110, 19 WAS AUTOPSY PERFORMED?  TO GLOBAL THE PROPERTY OF THE PROPE						
		H. DESCRIBE HOW INJURY OCCURE	RED (Enter noture of injury in	Port t or Part II of item 18.)			
MEDICAL	20c TIME OF INJURY Month Day, Year Hour o. m. 19		PLACE OF INJURY (Home, form octory, street, office bldg., etc.		(County) (State)		
	21 I certify that (!) (this haspital) of saw the deceased alive an		death accurred at 2		7. 1962—that (t) (we) last and an the date stated above		
	220 S GNATURE  22c PHYSICIAN'S		M D ATTENDING MPHYS D	STAFF PHYS	22b DATE S GNED		
	DAYTON CIN	ATKINS	Blan	Consulury	21-1		
	Burial (Specify)  REMOVAL (Specify)  Burial  Feb 5, 190	62 Pt Lincoln		Colmar Mano			
	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	250 REC		GISTRAR'S SIGNATURE		
	F. Gaseh's Sons	Myattsville,	Mrd DATE	7 '62	a control from		

TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by hospital or attending physician.

TO FUNERAL DIRECTOR After this certificate has been signed by the attending physician and campletely filled in by page 3 should be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 the State Board of Health prior to burial, cremation, or remayal, and in any event within 72 hours after death VR A15 (4) 15M 9/59

the F SHO



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institutions Residence before admission) a. COUNTY h. COUNTY Prince Georges MARYLAND Marvland Prince Georges b. C.TY OR TOWN ( f outs de corporata .m ts. e. LENGTH OF STAY IN 16 e. CITY OR TOWN (If outside corporate I mits, write RURAL and give nearest town) write RURAL and give nearest town) 5 6 Chever ly 5 Edmonston davs d. NAME OF HOSPITAL OR INSTITUTION (if not in hosp ta., give street address) . IS RESIDENCE d. STREET ADDRESS ON A FARM? Prince Georges General Hospita YES NO X 5202 Decatur Street Middle 3. NAME OF DATE DECEASED OF (Typa or print) DEATH Mildrad Shotland SEUNDER 24 HRS 6. COLOR OR RACE 17. MARRIED THE NEVER MARRIED 1 8. DATE OF BIRTH 9. AGE (In years ) IF UNDER 1 YEAR lest birthday) Months Days WIDOWED | DIVORCED T 21 June 1902 59 Foma le 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? physician 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) Housewife Own Home New York U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please and in a attending 1 Frank Todd Gertrude E. Pratt 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16 SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) | (If yes give war or dates of service) 1226 Clagett Dr Glege Park, N Gladys E. Landis {Daughter MOTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause par the for (e., (b., and (c)., ONSET AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) COR - PULMONALE 16 CHRONIC FIBROSIS WITH PULMONARY INSUFFICIENCY gava rise to immediate cause DUE TO (a), stating the underlying O HYPERTENSIVE CARDIOVASCULAR DISEASE PART II. OTHER SIGN F CANT COND TIONS CONTR BUT NO TO DEATH BUT NOT RELATED TO THE TERM, NAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO · 206 ACCIDENT WAS UNDERLYING [] | 206. DESCRIBE HOW INJURY OCCURED (Enter nature of injury in Part I or Part II of item 18 OR CONTRIBUTING CAUSE OF DEATH 20d. NJURY OCCURRED 20e, PLACE OF INJURY (home, farm. 20f. (City or town) (County) (Stata) 20c. TIME OF NJURY Month, Day, Year factory, streat, office bldg. atc.) Hour a.m While Not While at work at work 1962 to FEB 10 1962, that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased from FEB. 5 ........... Q. 5 saw the deceased alive on 10 Feb 19629, and that death occurred ab. 25M, Afform the causes and on the date stated above. 22b. DATE SIGNED ATTEND NG 1 DIRECTOR PHYS. PHYS. MD HOSPITAL sath, Page 4 FUNERAL 22d. ADDRESS 3717 38th Street 226 PHYRICIAN'S NAME (Type) & Geor e Hageage., M.D. Mt. Rainier. Md. 238. BURIAL, CREMATION, 236. DATE THEREOF 23d. LOCATION (City, lown or county) 123c. NAME OF CEMETERY OR CREMATORY 048 2/12/62 Ft. Lincoln Colmar Manor, Md. Hyatteville, Maryland 258. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE **VR A15 (4)** DATE FEE 1 3 '62 15M 9/60

MARYLAND STATE DEPARTMENT OF REALTH



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 03686

funeral

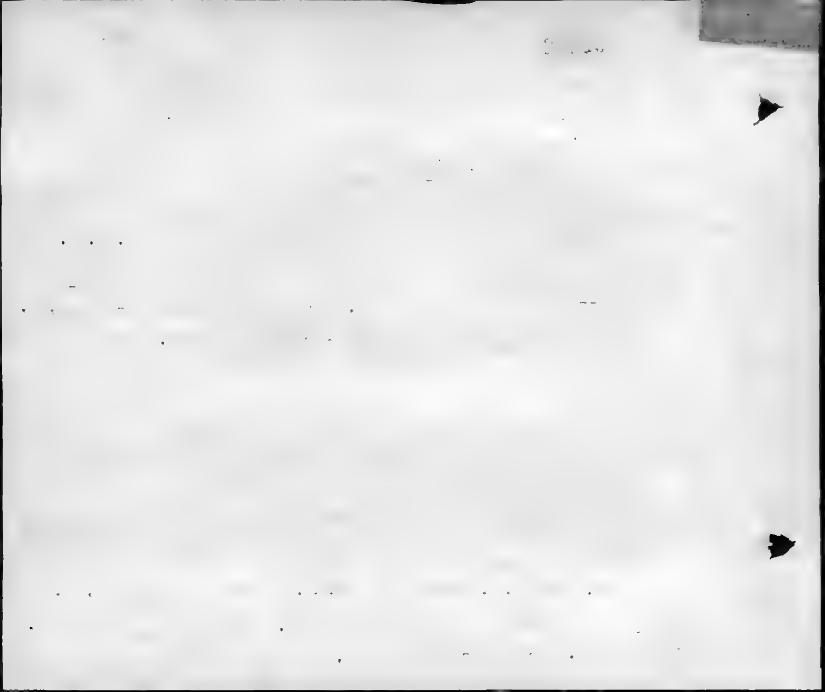
IO HOSPITAL CARLENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours death. Page 4 m tertained by the hospital or altending physician

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Page 5 than 2 be filled with the State Dept, of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death

VR A15 (4) 15M 9/60

hours after

- 1		
	1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)
1	Srince Georges MARYLAND	Maryland b. county Prince Georges
	b. CITY OR TOWN (if outs de corporete limits, c. LENGTH OF STAY IN 16 write RURAL and give nearest town)	c C.TY OR TOWN (If outs'de corporate I m Is, write RURAL and give nearest lown)
	Cheverly, 33 days	Uppar Marlobo <b>fo.</b> Md
	d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address	d STREET ADDRESS   . IS RESIDENCE
	Prince Georges General	Box 1116
	3. NAME OP First T Middle	Last 14. DATE Month Day Year
	DECEASED LOUISE	OF The state of th
		OWell February 22 19 02  DATE OF BRITH ,9. AGE (In years IF UNDER 1 YEAR) .F UNDER 24 HRS.
		last birthday) Months Days Hours Min.
	Female White W DOWED A DIVORCED 100. USUAL OCCUPATION IG ve kind of work 10b, KIND OF BUSINESS OR INDUSTRE	1/17/96   66 yrs.
	done during most of working life, even if relired)	
	Housewife Own Tome	
-	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	David Rudd	Mary Anderson
-	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 II (Young) or unknown) (If young ive war or dates of service)	NFORMANT AddressBOX 292 Q-
	NO MI	es. Margaret Anderson-Rt 3-Easton, Md.
	18. CAUSE OF DEATH [Enter only one cause per lim for (a) b, and (c)	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute pulomary ed	lema - arterios cleritio Ht. Disease
		ism undetermined)
	gave rise to immediate cause	•
	(e), stating the undarlying DUE TO	
	Couse last. (c)	OT RELATED TO THE TERM, NAL DISEASE CONDIT ON GIVEN IN PART 1(a) 19. WAS AUTOPSY
	FART II. O'IIILK SIGNAICAN CONDITIONS CONTRIBUTION OF DEATH SO INC.	PERFORMED?
	A COLOREST WAY I PERFORME C. 1 201 DESCRIPTION INTO BY COCCURED	YES NO L
	☐ OR CONTRIBUTING [] CAUSE OF DEATH	. (Enter nature of injury in Part I or Part II of Item 18
		CE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ory, street, office bldg., etc.)
	p.m. 19 et work st work	
	21. I certify that (I) (this hospital) attended the deceased from	July 1961, to 22 Feb. , 1962, that (1) (we) last
	saw the deceased alive on 2 2 Feb 1962 and that	death occured a 30PM from the causes and on the date stated above.
	22a. SIGNATURE	226. DATE
	18/19/2000	D. PHYS. PHYS. PHYS. 2/22/62
	22c. PHISICIAN'S	22d. ADDRESS
	NAME (Type) Dr. Robert B. G. Sassoer	R.F.D. Box 2150, Upper Marlboro, Md.
	230, BURIAL, CREMATION, 236, DATE THEREOF   230, NAME OF CEMETERY	OR CREMATORY [ 23d. LOCATION (City, town or county) (State)
	REMOVAL (Specify)	wport Cem. Newport Maryland.
	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	256. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
	Ritchie Bros. Fun'l Home-Marlboro,	76.4
	- Mariouro,	Md. DATE MR 9'62   Cothun S. Kante

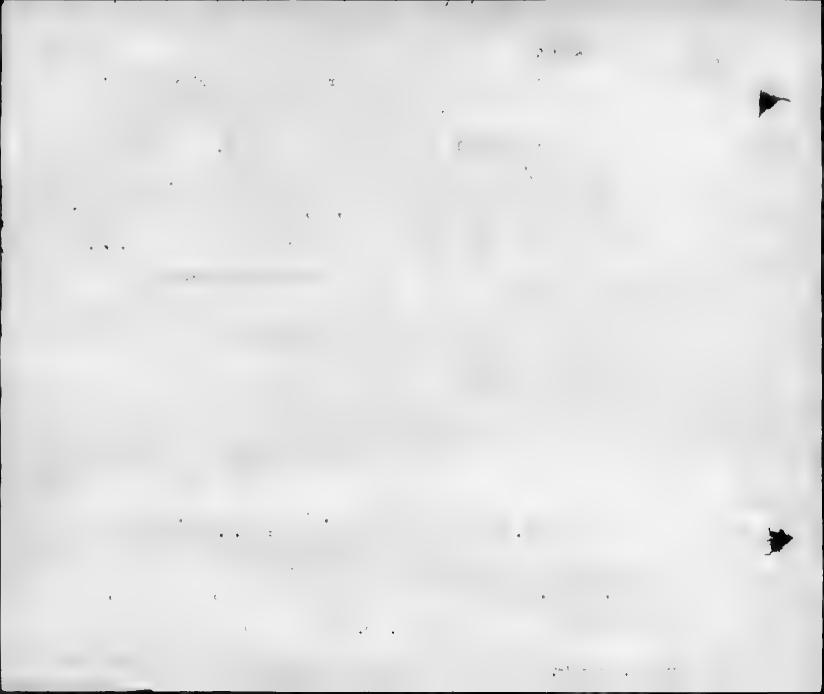


**CERTIFICATE OF DEATH** 92303 I. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) · COUNTY o. STATE **b.** COUNTY MARYLAND Prince George Maryland Montgomery hours after death; b CITY OR TOWN ( flourside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give necrest town) RURAL and give nearest lown) W. Hyattsville Rural d NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO TO Sacred Heart Home Glen Mill 3. NAME OF First 4. DATE Middle DECEASED Ellen (Type or print) T. Simpson DEATH 1962 February 9 AGE (In years IF UNDER TYEAR IF UNDER 24 HRS 5 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8 DATE OF BIRTH lost birthdoy) Months Days WIDOWED K DIVORCED [ Female White 160 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stole or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Housewife Virginia United States 13. FATHER'S NAME 14, MOTHER'S MAIDEN NAME Jane E. O'Keefe James Furlong 15. WAS DECEASED EVER IN U. 5 ARMED FORCES? 16. SOCIAL SECURITY NO 17, INFORMANT Address No Sacred Heart Home Hvattsville, Maryland 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c) ] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if ony, which gove rise to immediate **DUE TO** cause (a), staling the underlying couse lost. burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? Stes NO 🖾 200 ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (County) (Stole) factory, street, office bldg., etc.) Hour o m. Not while of work of work 1942, that I lost sow the deceased ( dist # 64 4/19 56. 10 21. I certify that I attended the deceased from , and that death occurred at A. from the causes and on the date stated above. FUNERAL DIRECTOR ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 220 BURIAL, CREMATION. 226 DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lowgs, or county) (Stote) REMOVAL (Specify) Mt. OLIVET CEM. 0 PA. AVE. SE, 240. REC'D BY REGISTRAR 24b REGISTRAR S SIGNATURE VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



DIVISION OF STATISTICAL RESEARCH ON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution, Residence before admiss on a. COUNTY b. COUNT Prince George Prince George's MARYLAND b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN of outside corporate limits, write RURAL and give nearest towns c. LENGTH OF STAY IN 16 Chever ly Hyattsville 11 Min d STREET ADDRESS IS RESIDENCE d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) ON A FARM? Prince George General 4913 78th A ve. YES NO 3. NAME OF 4. DATE M ddie DECEASED OF (Type or print) DEATH Baby Boy Singer Fab. 19 62 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8. DATE OF BIRTH 9. AGE In years 'IF UNDER I YEAR IF UNDER 24 HRS. 5. SEX last birthday) | Months Days Male White D. VORCED | Feb. 27.1962 WIDOWED T remove 1Da. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State or foreign country) 12. CITIZEN OF WHAT COUNTRY? attending physicial Then please remove val, and in any eve done during most of working life, even if relired) None None Maryland U.S.A. 13. FATHER'S NAME 1 14. MOTHER'S MAIDEN NAME James Singer Virginia Rae Wineman Singer 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Then [Yes, no, or unkawn] , (Ifyesgivewarordatesofservice) Mother No 18 CAUSE OF DEATH [Enter only one cause per land for (a), (b), and (c) ] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE ... Conditions, if any, which gave rise to immadiate cause DUE TO (a), stating the underlying hospital or certificate PART J. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? Se o NO -20. ACCIDENT WAS UNDERLYING \_\_\_ 20b. DESCRIBE HOW INJURY OCCURED (Enter nature of In any in Part I or Part II of tem 18.) OR CONTRIBUTING | CAUSE OF DEATH 20d. INJURY OCCURRED , 20e. PLACE OF INJURY (Hame, ferm, 20f. (City or lown) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) While ... Not While Hour a.m. at work at work 21. I certify that (I) (this hospital) attended the deceased from. Feb. 27. ...., 19 62 to Feb. 27...., 19.62that (I) (we) last saw the deceased alive on Feb. 27...... 19.62, and that death occurred at 4.55P 14 the causes and on the date stated above. STAFF ATTENDING DIRECTOR PHYS. PHYS O HOSPITAL.
death. Page 4 director, page , be filed with th 22d. ADDRESS PHYSICIAN S NAME (Type, 6110 43rd Avenue, Hyattsville, Maryland John P. Clum 1.23c NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, town or county) BURIAL, CREMATION, 236. DATE THEREOF REMOVAL (Specify) Cheverly, Maryland OL 3/10/62 Prince Geo. Gen. Hospital Cremation 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24 FUNDERL DIRECTOR'S SIGNATURE ADDRESS YR A15 (4) arthur S. House 15M 9/60 Penn, Jr.



VS A15 (4) 15M 9/55

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

02305 CERTIFICATE OF DEATH

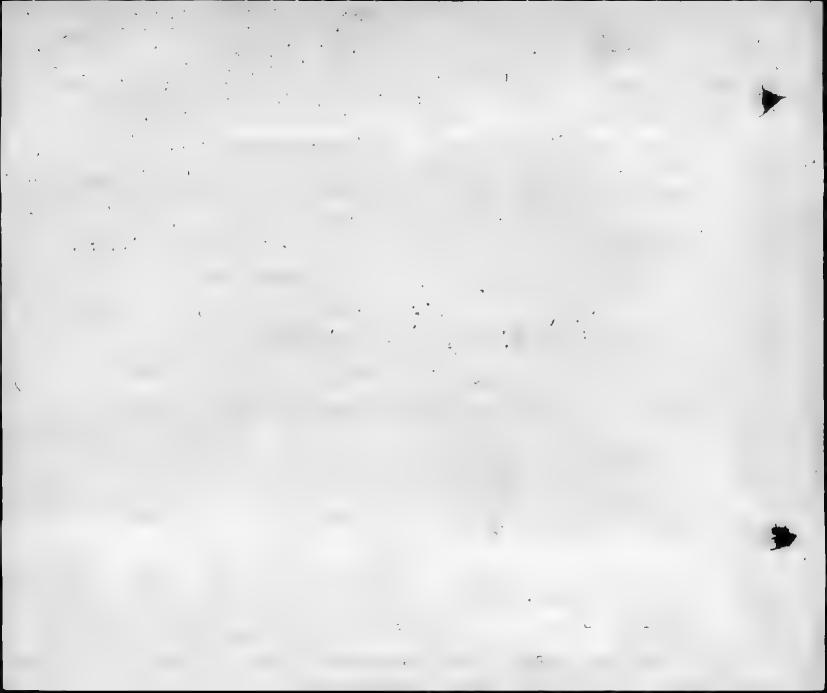
Reg.	Dist.	10228°	y
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1.	COUNTY O	MARYLAND	2. USUAL RESIDENCE (Where decease	b. COUNTY 6	1 -0:0
	TRINCE GEDE		10/17272111	o frisher	
	b. CITY OR TOWN (If autside carporate limits, write RURA) and give nearest town)	25 YRS	26 HILLS 12		ve nearest town)
	NAME OF MOSPITAL (If not in hospital give street of INSTITUTION	oddress)	d STREET ADDRESS	TE AVE.	e. IS RESIDENCE ON A FARM? YES NO PR
3	NAME OF First	Middle	Lost 4. DATE	Month	Day Year
	(Type or print) ETHEL	ELLS West	TH SMALL OF DEATH	P	1962
5. 3	EMACE WHITE WIDOWE	D DIVORCED	Sept. 15, 1893	9. AGE (n years   FUNDER 1   Months   1	YEAR IF UNDER 24 HRS. Days Hours Min.
100	USUAL OCCUPATION (Give kind of work done 10b. during most of working life even it setted)  ESTAURANT OFERNATIC	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE State or foreign	country) 12 CITI	TEN OF WHAT COUNTRY?
13.	FATHER'S NAME		14 MOTHER'S MAIDEN NAME	,	
	Richard L. Hunt		Gertrude-	(3)	
15.	WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.	NFORMANT	Address	.,, .
1,"	NO NOVE	NONE K.	BERT E. FRITZ	-1108-573	AR HIGH
	18. CAUSE OF DEATH [Enter only one couse per lin	e for (o), (b), and (c) }			INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY	elevel he	monly		ONSET AND DE
	3 3 / X DUE TO 0	8	,		
	Conditions, if any, which	duy ari	enorterain	_	2 goone
	gave rise to immediate DUE TO				0
	lying couse last.				
CATION	PART II. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BU	NOT RELATED TO THE TERMINAL DISEA	SE CONDITION GIVEN IN PART	1(o) 19 WAS AUTOPSY PERFORMED? YES NO
CERTIFIC	206. ACCIDENT WAS UNDERLYING [] 206. DESC OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRI	D (Enter nature of injury in Part I or Po	et II of item 18 }	
MEDICAL	Hour o.m. 10 While	Not while fo	ACE OF INJURY (Home, form, 20f (Citory, street, office bldg., etc.)	ly ar town) (Co	ounty) (State)
12	21. 1 certify that Lattended the decease	1/	194/ to Falo 2	5 . 196 Z,that I fo	and now the decorated
	alive an IEEE 3.4.196		accurred at 8 9 A. M., fra		
	dive di	, and mar dean	ADDRESS (	Street, city or town, state)	DATE SIGNED
	ACTUAL SIGNATURE OMESTE CO	mela	MD. 4400 B	ROWEN RA	Se 2/25/6 C
	PHYSICIAN'S ERNESTE	CORNELIZA	N WASHIR	6702 /9,1	2
270	BURAL CREMATION 226 DATE THEREOF BURIAL Feb. 28, 1962	Cedar Hil	Cemetery Su	ATION (City, town, or county)	anyland
23	FUNERAL DIRECTOR'S SIGNATURE 1. W. CHAMBERS CO. 5/	17-113371E	WASH DOATE FER 2 8	strar 246. registrar's sig	
-					



Division of STATISTICAL RESEARCH AN MEDICAL EXAMINER'S 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH Prince George a. COUNTY Prince George's MARYLAND b, CITY OR TOWN (if outside corporate limits, E LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) ō Seabrook year Seabrook , d. STREET ADDRESS . IS RESIDENCE d NAME OF HOSPITAL OR INSTITUTION (it not in hospital, give street address) for Boar ON A FARM? retained the State B Sheridan Street YES NO TE Sheridan 9515 Street 3. NAME OF First M.ddle DATE DECEASED Shirley the Annette Smith DEATH February 26 (Type or pnnt) 1962 ge 5 may and 2 with 72 hours aft 6. COLOR OR RACE 7. MARRIED NEVER MARRIED | 8 DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) WIDOWED DIVORCED 10m USUAL OCCUPATION (G vs kind of work 1Db. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 1 12. CITIZEN OF WHAT COUNTRY? . Give Pages 1, Z, -rm PM3. Page done during most of working life, even if retired) Housewife Own Home District of Cobumbia pages 1 within 13. FATHER'S NAME 14. MOTHER'S MA DEN NAME Leroy Jenkins Mable RXXX Reid form 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO 17 INFORMANT permit. (Yes, no, or unkown) [ (Ifyes give war or dates of service) Joseph Shiro Smith, same as 18 CAUSE OF DEATH [Enter on y one cause per line for (a), (b) and (c),] INTERVAL BETWEEN ONSET AND DEATH LOROMARY INSUFFICIENCY JMMEDIATE CAUSE (a) m Office should fect of concurry Arteries Conditions, fleny, which gave rise to immediate cause (e), stating the underlying ild be used remation, PART II. OTHER'S GIN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE EMMINAL DISEASE CONDITION GIVEN IN PART I(a.; 19. WAS AUTORSY PERFORMED? Medical Eshould be YES K NO F 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b. DESCRIBE HOW NURY OCCURED, (Enter nature of in vry in Pert I or Part I of Item 18 ) CAUSE OF DEATH writing by Chief / Page 3 s 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home farm, 20f. (City or lown) 20c. TIME OF INJURY Month, Day Year (County) (State) the Page factory, street, office bldg., etc.) While Not While et work at work forwarded to I 21 I certify that I took charge of the remains described above, held an Autopsy | X Inspection | X Inquiry 30 and in my opinion Natural causes Undetermined manner Accident Suicide Homicide death resulted from: CHIEF MEDICAL EXAMINER lease execute the should be forward. FUNERAL DII ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY DEPUTY MEDICAL EXAMINER 2/26/62 EXAMINER'S NAME (Type) ames I. Boyd Address (Stree), city, town or county) 22s. BURIAL, CREMAT ON 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 1 22d. LOCATION (City, town, or country) Burial (Specify) **3**/1/62 0 ₹40 g Ft. Lincoln Colmar Manor, ADDRESS 248 REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR VS. ATSME Francis Gasch's Sons Hyattsville, Maryland parties, 1 '62 SM 9 60 12 Landa of L. Maria

LAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	02307	CERTIFICAT	E OF DEATH	02283
	PLACE OF DEATH a. COUNTY		2 USUAL RESIDENCE (Where deceased	I kved, If institution Residence before edmission) b. COUNTY
_	Prince Cearges  b CITY OR TOWN (if ourside corporate limits, write RURAL and give nearest lown)	MARYLAND TENGTH OF STAY IN IS	aryland	Prince Georges imits, write RURAL end give neerest town
_	Primer Chever V	29 days	30 Fairmont "eights	e. 15 RESIDENCE ON A FARM?
3	MANGE George's Guneral Hordeseased (Type or punt,	enital Middle	902 - 60th. Ave	Month Day Year
5	Wallace	NEYER MARRIED   8	DAYE OF BIRTH 9. AGE	2 15 19 62 (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS. Hours Min.
10a do	male 'Colorec''	OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (County & State, or foreign	12. CITIZEN OF WHAT COUNTRY?
	WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SC	OC AL SECURITY NO. 17.	alling Smith h	Address
	PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (e)  Conditions, if eny, which gave rise to immediate cause (e), stating the underlying cause lest.	for (e, , (b, , end (c, ))	of Stomach	INTERVAL BETWEEN ONSET AND DEATH
CERTIFICATION	PART II. OTHER SIGNIF CANT CONDITIONS CONTR 200 ACCIDENT WAS UNDERLYING [] + 20b. DESCR OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER!)			PERFORMED? YES NO
MEDICAL (			CE OF INJURY (Home, farm, 201. (City or to-	wn) (County) (Stete)
	21. I certify that (I) (this hospital) attende saw the deceased alive on	1962, and that	death occured at 3.30M, Recitiethe  ATTENDING MED. PHYS. DIRECTOR PH  22d ADDRESS	AFF 22b. DATE SIGNED
23		Carver 7		(Sity, Jown or county)  Nun Md  (Stere)

25a. REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE

the 2 permit. Then please remove carbon papers. Pages I or removal, and in any event, within 72 hours after death Page 4 me the retained by the hospital or attending physician.

O FUNERAL IS CIOS. After this certificate has been signed by the attending physician and completely filled in director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after TO FUNERAL I

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after

TO HOSPITAL VR A15 (4) 15M 7/61

24 FUNERAL DIRECTOR'S SIGNATURE



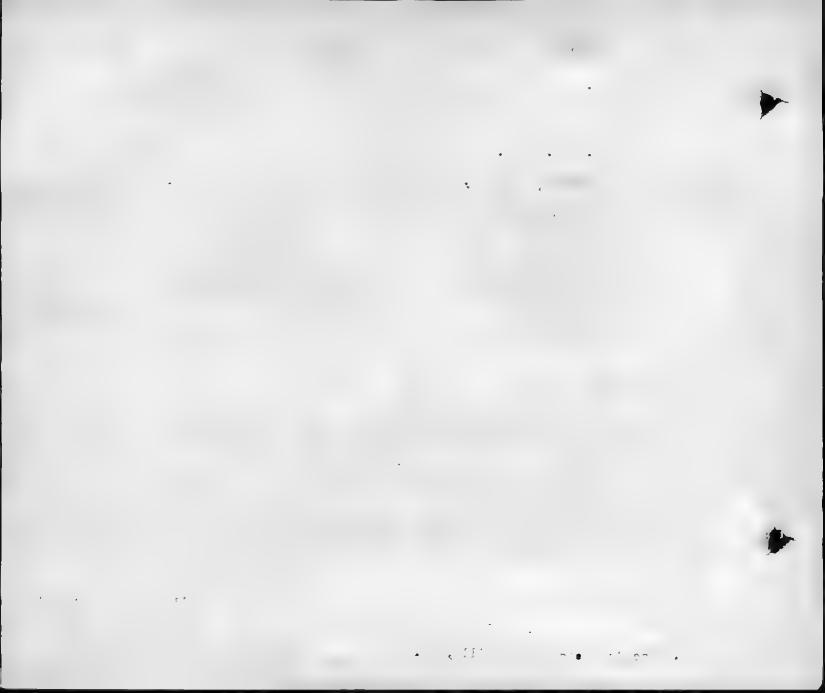
DEPARTMENT OF HEALTH STON STREET, BALTIMORE 1, MARYLAND USUAL RESIDENCE (Where deceased lived, if institution, Residence before edm.ss on) 1. PLACE OF DEATH a COUNTY e. STATE Prince Geo. County MARYLAND b. City OR TOWN (if outs de corporate I mits, c. C.TY OR TOWN (If outs de corporate limits, write RURAL and give necessit town) c LENGTH OF STAY IN 16 write RURAL and give neerest town) Cheverly Laurel d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE ON A FARM? YES NO Princa Geo. Gen. Hosp. Talbatt Ave. 3. NAME OF DATE DECEASED OF (Type or print) DEATH 5mithson 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH last birthday) Months Days Hours WIDOWED 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY dona during most of working life, even if rat rad) 13. FATHER'S NAME attending 4 116. SOCIAL SECURITY NO. 17, INFO DECEASED EVER IN L.S. ARMED FORCES? 18. CAUSE OF DEATH [Enter on y one cause par line for ,a ,b,, and (c).] ONSET AND DEATH PART I, DEATH WAS CAUSED BY: Uremia week IMMEDIATE CAUSE (a) DUE TO Chronic Pyelonephritis Conditions, if any, which vears paya rise to immadiate cause DUE TO (a), stating the underlying PART II. OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)) 19. WAS AUTOPSY PERFORMED? Bronchopneumonia, Arteriosllerotic Heart Disease 208. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING [ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW NAURY OCCURED, (Enter nature of injury in Part 1 or Part 1 of Itam 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED! 20e. PLACE OF INJURY (Home, ferm. , 20f. (City or town) factory, street, office bldg., atc.; While Not While al work el work saw the deceased alive on .... 22b. DATE 22a. SIGNATURE ATTENDING DIRECTOR PHYS. PHYS. O HOSPITAL death, Page 4 22d. ADDRESS 22c PHYSICIAN'S NAME (Typa) Gelmi. director, be filed v LOCATION (City, town or county) (State) 23c. NAME OF CEMPTERY OR CREMATORY BURIAL, CREMATION, 236 YR A15 (4) 15M 9/60



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02300 - CERTIFICATE OF DEATH	eet, baltimore 1, maryland 02291
1. PLACE OF DEATH 2. USUAL RESIDENCE (W	here deceased I ved, If institutions Residence before edmission
Prince Geo. County MARYLAND MARYLAND MARYLAND	d PG de corporate limits, write RURAL and give nearest town)
Cheverly  d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  , d. STREET ADDRESS	( e. IS RESIDENCE ON A FARM?
3. NAME OF First Middle Lest 4. D	P
(Type or print) ETHEL SPENCER  5 SEX SARRIED NEVER MARRIED S DATE OF BIRTH	AGE (In year Short Less burde shorts Device House No.
Female   White WIDOWED IN D VORCED   6-5-1886	40 o fore gn country 12, CITIZEN OF WHAT COUNTRY
Housewife own Home Virginia  T3 FATHER'S NAME  14 MOTHER'S MAIDEN NAME	U S A
John W Lovelace Henrietta	CGlements
15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT (Yes, no, or unknown), (Hyesgivewerordatesofservice)  Trene Johnson	Address Charlotte County Virginia
18. CAUSE OF DEATH [Enter on y one ceuse per line for (e) (b) and (c)  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)  DUE TO  DUE TO	farction Interval on Set and DEATH  Australia
Conditions, if ony, which gove rise to immediate cause (e), starting the underlying DUE TO    PART I OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO TELESTED TO THE TERM DALD!	SEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY
OR CONTRIBUTING CAUSE OF DEATH  [IF EITHER, NOTIFY MEDICAL EXAMINER]	PERFORMED? YES NO PERFORMED? YES NO PERFORMED?
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20 Hour e.m. p.m. 19 el work et work	f. (City or town) (County) (State)
21. I certify that (I) (this hospital) attended the deceased from	1962, that (I) (we) la
220. SIGNATURE  ATTENDING MED.  PHYS.  DIRECTO	from the causes and on the date stated above  22b. DATE 275 SIGNE 2778
NAME (Typa)	polis Rd., Bladensburg, 'd.
236. BURIAL, CREMATION, 236 DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d	LOCATION (City, town or county) (State) Charlotte County Va
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REC'D BY	REGISTRAR 256. REGISTRAR'S SIGNATURE
r. Gasch's Sons Hyattsville, Ma.	162 Cost un S. Thank

MARYLAND STATE DEPARTMENT OF HEALTH



02310 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I vad, If institution, Residence before admission) a. COUNTY b. COUNTY a. STATE , 'arvland Prince George's County MARYLAND Prince Jeorges b CITY OR TOWN (if outside corporate I mits, E LENGTH OF STAY IN 16 c CITY OR TOWN (If outs de corporata I mits, write RURAL and give nagrast town) write RURAL and give neerest fown) Chaverly Colmar "anor d. NAME OF HOSPITAL OR INSTITUTION (if no in hospital, give straet address. d. STREET ADDRESS Prince George's General 3. NAME OF Middle 4. DATE Month DECEASED OF (Typa or print) DEATH AGE (In years IF UNDER 1 YEAR, F UNDER 24 HRS. LEE. Spencer 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED NEVER MARRIED X last birthday) Months WIDOWED [ 2-19-62 DIVORCED 10a USUAL OCCUPATION (G va kind of work 106 KIND OF BUSINESS OR INDUSTRY, 11. BIRTHPLACE (County & State, or foraign country) done during most of working I fa, evan I retired) physic WASHINGTON, D.C NONF NONE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ding pl BARBARA and James Spencer 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOC, AL SECURITY NO. 17 INFORMANT (Yas, no, or unkown) [ (Ifyasg vawarordalasofsarvice) HERBERT SPENCER 18. CAUSE OF DEATH [Enter only one cause per PART I, DEATH WAS CAUSED BY: MMEDIATE C USE (e Conditions, if any which gave rise to immediate causa DUE TO (a), stating the underlying PART I. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY 208. ACCIDENT WAS UNDERLYING ] 206 DESCRIBE HOW NURY OCCURED. (Enter nature of in any in Part I or Part II of Item 18.)
OR CONTRIBUTING (CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) 20d, INJURY OCCURRED 20a PLACE OF INJURY (Homa, farm, 20f. City or town) 20c. TIME OF INJURY Month, Day, Year Wh la Not While factory, straet, offica bldg , atc.) Hour a.m. at work at work n.m. , and that death occurred at 7.: 10, from the causes and on the date stated above saw the deceased alive on. 22a. SIGNATURE PHYS DIRECTOR PHYS death, Page 4 1 22d. ADDRESS. 22c. PHYSICIAN'S NAME (Typa) Balto Live-KingRedale, Md 23a. BURIAL, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) REC'D BY REGISTRAIL 256, REGISTRAR'S LIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE **VR A15 (4)** 

15M 9/60

DIVISION OF STATISTICAL RESEARCH AND RECORDS W. PRESTON STREET, BALTIMORE 1, MARYLAND

MARYLAND STATE DEPARTMENT OF HEALTH

. IS RESIDENCE ON A FARM? YES NO

12 CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

SAME AS #

(County)



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if 'nstitut on, Residence before admission) a. COUNTY ennsylvania MARYLAND b. CITY OR TOWN IT OUR ICO COPPORATE TIME. e. CITY OR TOWN (If outs'da corporate I mits, write RURAL end giva nearest town) c. LENGTH OF STAY IN 15 write RURAL and give necrest town) D. O. A. Harrisonville d. NAME OF HOSPITAL OR INSTITUTION (IF not In hospital, give street eddress) for you funeral direc . IS RESIDENCE d STREET ADDRESS ON A FARM? refained % State B YES X NO Hospital Star Route 4. DATE DECEASED OF (Type or print) sponsler DEATH February Elizebeth 6. COLOR OR RACE 17. MARRIED NEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR, IF UNDER 24 HRS last birthday) Months | Devs WIDOWED TO Female 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) U.S.A. Housewife <u>Pennsylvania</u> Own home 14. MOTHER'S MAIDEN NAME Leach Ellwood 15 WAS DECEASED EVER IN J.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT 105 Tower Acres Ar (Yes, no, or unkown) (If yes give wer or detes of service) n one

18. CAUSE OF DEATH [Enter only one cause per | ne for [a], (b), end (c) ] Irene Julia Granata. Laural INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Acute pulmonary edeme **DUE TO** -Congestive-heart failure (a), steting the underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1,81, 19. WAS A JTOPSY PERFORMED? 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18. PRIMARY OF CONTRIBUTING CAUSE OF DEATH. age to bu 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, ; 20f. (City or town) (County) (Stete) While \_\_Not While factory, street, office bldg., etc.] et work et work forwarded to the DIRECTOR: 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection and in my opinion death resulted from: Natural causes 🐷 Accident . Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ease execute the should be forward by FUNERAL DIF ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY DEPUTY MEDICAL EXAMINER James I. Boyd NAME (Type) Address (Street, city, lown, or county) 220. BURIAL, CREMATION I 226. DATE THEREOF | 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) 24a. RECO BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE YS. A15ME 5M 9.60

YLAND STATE DEPARTMENT OF HEALTH

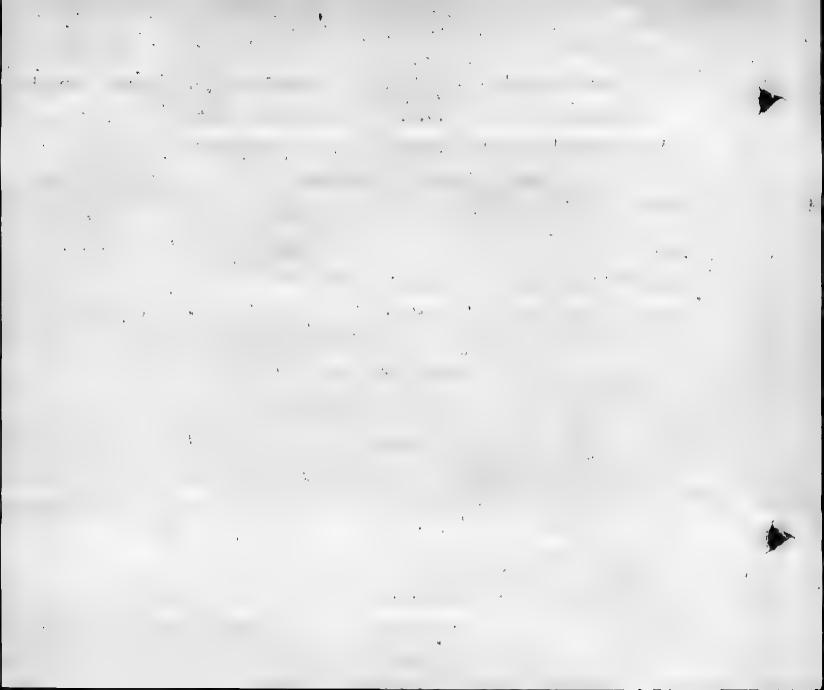


Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USURL RESIDENCE (Where decessed lived, if institution: Residence before edmission) e. COUNTY **b.** COUNTY b. CITY OR TOWN ,if outside corporate fimils, MARYLAND Maryland Prince George ac. CITY OR TOWN (If outside corporate I m is, write RURAL and give nearest town, c. LENGTH OF STAY IN 16 write RURAL and give negrest town) for you Board o Cheverly

d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street eddress) Seat Pleasant fureral dire e. IS RESIDENCE ON A FARM? refained he State B 64th Prince George's General Hospital 606 Avenue YES NO X 3. NAME OF 4. DATE Month DECEASED and 3 to the the the (Type or print) DEATH with the Grage Mildred Stanford February may be a 6. COLOR OR RACE 7. MARRIED DE NEVER MARRIED 9. AGE (In yours | IF JNDER 1 YEAR 8. DATE OF BIRTH IF UNDER 24 HRS 1, 2, and 3 age 5 may 1 and 2 wit 72 hours last b'rthday) Female WIDOWED [ DIVORCED [ June 1890 10a, USUAL OCCUPATION (G.ve kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Page s done during most of working life, even if retired) Pagm pages 1 Housewife District of Columbia At Home PM3. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Epoley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT 110 Margaret Mays form Address (Yes, no, or unkown) | (Ifyes give wer or detes of service) Edwin Thomas Stanford Same A.S. #Z. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] Office along burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Acute congestive heart failure Office DUE TO Conditions, if any, which Cardiovascular renal disease (b) gave rise to immediate cause W 10 DUE TO (e), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1.01 19. WAS AUTOPSY 9 PERFORMED? NO . plnods 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of Injury in Part I or Part I of Iem 18.) the Cir. PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. writing Chief / 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e PLACE OF INJURY (Home, farm, 20f. (City or lown) (State) factory, street, office bldg., etc.) : Hour e.m. While Not While blease execute the restriction of should be forwarded to the PUNERAL DIRECTOR: P its designated agent, prior its designated agent, prior Drior et work et work 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection ... Inquiry X and in my opinion death resulted from Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER DEPUTY MEI ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) BUYD, A.D. Address (Street, city, town, or county) 226 NAME OF CEMETERY OR CREMATORY 224. BURIAL CREMATION 225. DATE THEREOF 1 22d. LOCATION (C.IV. lown, or country REMOVAL (Specify) Burial b ₹40 2/16/62 Ft. Lincoln Colmar Manor, Md. 23. FUNERAL DIRECTOR 240. REC'D BY REGISTRAR | 245, REGISTRAR'S SIGNATURE A15ME Francis Gasch's Sons Hyattsville, Md. or & House 5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

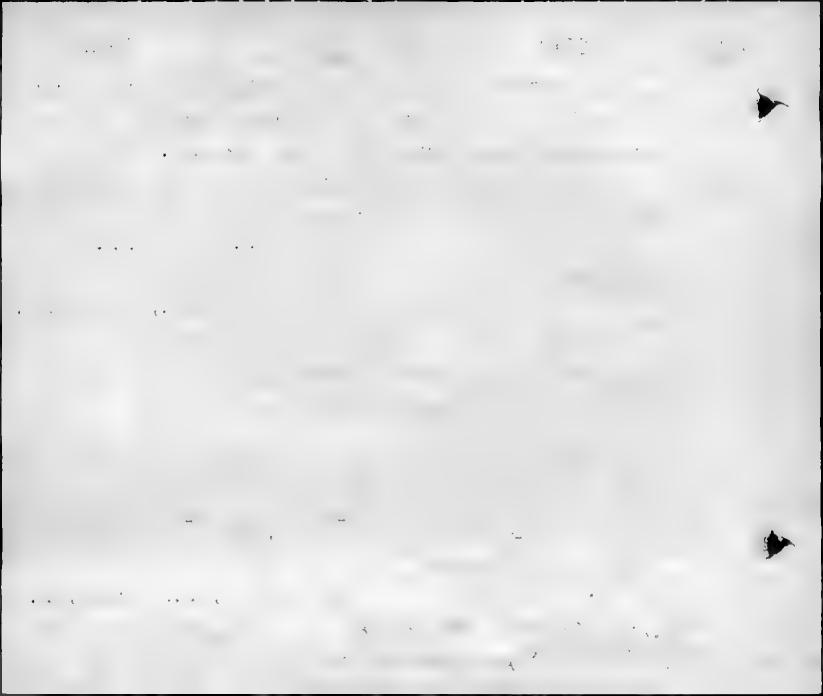


### MARYLAND STATE DEPARTMENT OF HEALTH

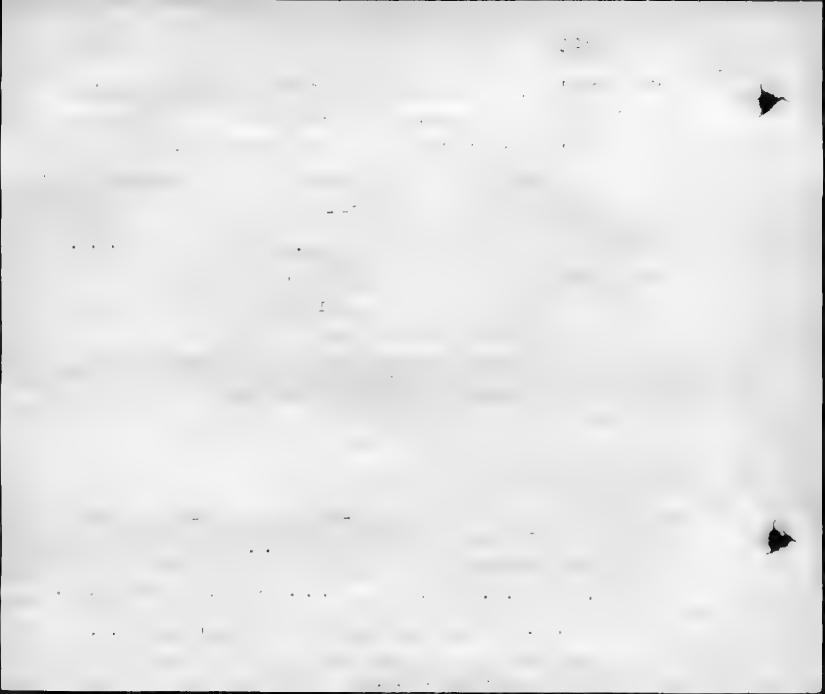
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 02313

THOUSENESS OF DEATH 02295

N-	100m 3.111m 0310 ft/5 /05 -mb	_
	1. PLACE OF DEATH	iss orl
7	Prince Georges MARYLAND b. STATE Maryland Prince George	200
	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (if outside corporate amits, write RURAL and give nearest town)	PW
	write RURAL and give nearest town 5 days 5 Highland Park	
	d NAME OF HOSPITAL OR INSTITUTION of mot in hospita, give street address) d. STREET ADDRESS   e. IS RESID	DENCE
1	Prince Georges General Hospital 1210 69th Place.	
	Prince Georges General Hospital 1210 69th Place. YES North Day Year	القا
М	DECEASED OF	
	5. SEX 6 COLOR OR RACE 7, MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In year of block) 15 Local English (1984) 15 Local En	52 _
	iosi printuoy/ Months Days Hours /	Min.
	Female   Black   WIDOWED   D VORCED   26 June 1923   39 36   10a. USUAL OCCUPATION (Give kind of work   10b kind of bus ness or industry   11 E ETHPLACE (County & State or folke) in country, 12. CTIZEN OF WHAT COL	IN TOVE
	done during most of working life, even if retired)	MIRIT
-	None ELms City, N.C. U.S	
	Walter Taylor   Mary Boddie	
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT  Address  [Yes, no, or unknown] (liyasg vewarordatesofservice) 0.3 0.7 0.7 0.7 0.7 0.7 0.7 0.7 0.7 0.7 0.7	
	219 10 6301 Calter Taylor 1210 69th Il., Highland Pk,	Md.
	18. CAUSE OF DEATH [Enter only one cause per line for (a) (b), and (c) ONSET AND DEA	EN
1	PART I. DEATH WAS CAUSED BY: [MMEDIATE CAUSE (a) _ [MMEDIATE	
1	105 Lique to 01/10	
	Conditions, if any, which \ (b) Tell m. I dema	
	gave rise to immediate cause (a), slating the underlying DUE TO	
	couse last. (c) heree extens of the	
1	PART I. OTHER S.GN F CANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(b) 19. WAS AUTHERED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(b) 19. WAS AUTHERED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(b) 19. WAS AUTHERED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(b) 19. WAS AUTHERED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(b) 19. WAS AUTHERED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(b) 19. WAS AUTHERED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(b) 19. WAS AUTHERED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(b) 19. WAS AUTHERED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(b) 19. WAS AUTHERED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(b) 19. WAS AUTHERED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(b) 19. WAS AUTHERED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(b) 19. WAS AUTHERED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(b) 19. WAS AUTHERED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(b) 19. WAS AUTHERED TO THE TERMINAL DISEASE CONDITION GIVEN IN THE TERMINAL DISEASE CONDITION GIVEN IN THE TERMINAL DISEASE CONDITION GIVEN G	OPSY
	YES NO	-
1	PART 1. OTHER S.GN F CANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTH PERFORM YES NO  20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW NJURY OCCURED. (Enter nature of Injury in Part I or Part II of tem 1B ) OR CONTRIBUTING 20b. DESCRIBE HOW NJURY OCCURED. (Enter nature of Injury in Part II or Part II of tem 1B ) OR IT I THE	_
- 1		
1	20c TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (Cly or town) (County) (Ste Hour a.m. While Not While factory, street, office bldg., etc.)	ite)
	Hour a.m.  While Not While factory, street, office bldg., etc.)  p.m. 19 at work at work	
	21 I certify that (i) (this hospital) attended the deceased from2-23	e) last
-	saw the deceased alive on	
	22a. SIGNATURE 22b. D	ATE
	ATTENDING MED. STAFF STAFF STAFF PHYS. DIRECTOR PHYS.	IGNED
	22c PHYSICIAN'S 22d. ADDRESS	**
1	NAME (Type-Dr. Harry N. Carlton 940 25th Street, N.W., Washington, D.	Ca.
	23a. BURIAL, CREMATION 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY (23d. FOCATION (C ty. lown or county)	-
	Rusial 3-3-62 Harmony Landover, Me	L.
	ADDRESS   250. REC'D BY REGISTRAR   256. REGISTRAR'S SIGNATURE	
	Jufille K Falling 4339 Hunt Pl. A. E. PAIE 6:52	
1	5 62 - Litter of Stores	



- 4			MARYLAND STATE D	EPARTMENT OF HEALTH	
			02314 CERTIFICAT	s, 301 W. PRESTON STREET, BALTIMOR TE OF DEATH	02296
affer ners lould		1.	PLACE OF DEATH	2. USUAL RESIDENCE (Whare decessed Eved, If	
hours	M)		Prince George's MARYLANI S, CITY OR YOWN (if outside corporate lim.B), c. LENGTH OF STAY IN 1		e_George's
24 Pr P.			write RURAL end give neerest town) Chever ly 2 days	F Brentwood	
thin led led saft	1		J. NAME OF HOSPITAL OR INSTITUTION (if not in hospita, g ve street address)	d. STREET ADDRESS	is residence on a farm?
1 wi ty fill s. Pl	r	-	Prince George's General Hospital	4010 Allison Street	YES NO
cutec plete aper 72 I			NAME OF First Middle DECEASED	Last 4. DATE Month	
exection by the party of the pa		5	Type or print) Fenley	Taylor DEATH Febru	uary 23 19 62 If UNDER 1 YEAR IF UNDER 24 HRS.
nd carbo		Ĭ	SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	1-9=82 less bighday) 80 yrs.	Months Days Hours M'n.
an a		10a	USUAL OCCUPATION (Give kind of work   10b. KIND OF BUS NESS OR INDU	STRY 11. B RTHPLACE (County & State or foreign country)	12. CITIZEN OF WHAT COUNTRY
certific hysici remov		I	e duang most of working I'le, even d retired)	VA.	U.S.A
ng p		13.	FENLEY TAYLOR	14. MOTHER'S MAIDEN NAME	
dea and	(I)	- <u>TS.</u>	FENLEY AYLOR WAS DECEASED EYER IN U.S., ARMED FORCES? 1 16. SOCIAL SECURITY NO. 17	CATHERINE MASTERSO	N
the after There val.			s. np. or unkown) i (Ifvasque werordates of service)	Hospital Record	
that n. rhe iit.		1 7	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN
ires sicia d by Serm			PART - DEATH WAS CAUSED BY: Congestive heart	failure	ONSET AND DEATH
Phy Phy gne sit ion,				tion secondary to occlusion	of
aw ing ing tran			Conditions, if any, which (b)	or descending coronary arter	
tend tend bee uriai				clerotic Heart Disease	years
A: I		_	ceuse lest		
ital icale as t to b	4	CATION	PARTI. OTHER SIGNALCANT COMMITTED COMMITTED TO DEATH BUT	MOT REEN ED TO THE TENNINAL DUENCE COTABLE OF CO.	YERFORMED?
SIC sert.f eart.f use	7	FICA	200. ACCIDENT WAS UNDERLYING []   206. DESCRIBE HOW INJURY OCCU	IRED. (Enter neture of injury in Pert I or Part I+ of item 18.)	
Sico de		CERTIF	OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
등 한 학교 보		उ		PLACE OF INJURY (Home, ferm, 120f, (City or town) factory, street, office bidg., etc.)	(County) (Slete)
A A f		MED	Hour a.m. While Not While p.m. 19 et work st work	raciony, anada, oniversity areas	
P C R			21. I certify that (i) (this hospital) attended the deceased fro	om. 2-21 19.62 to2#23.	, 19.62, that (I) (we) las
子の			saw the deceased alive on $2-23$	hat death occured a5120M, from the causes	
Ser			22e SGNATURE	ATTENDING MED STAFF	226. DATE SIGNEE
4 7 9 5 5			22ê. PERSICIAN S	M.D. PHYS. DIRECTOR PHYS.	_
PITA Page ERA Page with			NAME (Type) Dr. Robert B. G. Sassoer	R.F.D. Box 2150, Upper	Marlboro, Md.
HOSPITA ath. Page FUNERA ector, pag filed with		23	BURIAL, CREMATION   23b. DATE THEREOF   23c. NAME OF CEMETE	RY OR CREMATORY 23d. LOCATION (City, to	own or county) (State)
1 # O # 1			BURIAL 2.28.62 WOODLAWN	CEMETERY WASHINGIC	ON. D.C.
VR A15 (4)	0.	24	TUNERAL DIRECTOR'S SIGNATURE ADDRESS	25s. REC'D BY REGISTRAR 25b. RE	
15M 9/60	. Dr	1	obert & M. Chure 182094:	N (2) DATE FR 2 8 '62	May & House
			ASHINGTON, D.C		



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
()2220 02315

<b>/</b> ₹.	PLACE OF DEATH		*	- 11:	. USUAL RE	SIDENCE (	Whare dacea	sed hved, if nst	ulul on Residence	be ora admission)
	a COUNTY Pr	ince Ceorg	es Ma	AYLAND	e. STATE	D.	C.	b. COUNTY	p46	V
	b. CITY OR TOWN	foutside corporate (imi- give nearest fown)			c. CITY OR	TOWN (If out	side corporal	a fimits, write Rt	JRAL and give no	eerest town)
	Glenn Dale	(rural)	7 da,	[TG		Vas	shingte	on	4%	A -
	d. NAME OF HOSPI	AL OR INSTITUTION (	I not in hospital, g ve street a	eddress)	d STREET A	DDRESS -			•	. IS RESIDENCE
	- t	le Hospita	1.			3147	6 Thr	der St.,	N.W.	YES NO
3.	NAME OF DECEASED	First	Midd	8	Last	4.	DATE	Month	Day	Yeer
	(Type or print)	Charl	es Tayl	or I	erry,	Ir.	DEATH	2	28	1962
5.	SEX	6. COLOR OR RACE	7. MARRIED NEVER MA	RRIED   8.	ATE OF BIRTH				UNDER I YEAR	IF UNDER 24 HRS.
	Male	Moorn	WIDOWED DIVO	RCED 🔀	/3/1885	5	la r	ist birthday) - M 77 - Yrs.	onths Deys	Hours Min.
10 de	a. USUAL OCCUPAT	ON (Give kind of work	106. KIND OF BUSINESS	OR INDUSTRY	11. BIRTHPLAC	CE (County &	State, or lore	gn country)	12. CITIZEN OF	WHAT COUNTRY?
	m 1 1 1 1	unknown)	Unknown		I.	lississ	sippi		USA	
13	. FATHER'S NAME			1	4. MOTHER'S	MAIDEN NAN	VE = =			
	Charles Te	erry. Sr.			Mary (	Campbel	ll Ter	ry		
15	. WAS DECEASED EV	R IN U.S. ARMED FOR	CES?   16. SOCIAL SECURIT	Y NO. 17, IN	FORMANT	*		Address		
	as, no, or unkown) (!:	yesgive wererdates of s	None None	Dec	edent					
		EATH Enter only one	cause per line for (e), (b), er	d (c) ]					INTE	RVAL BETWEEN
	DARKI DEAT	I MAR CALIFOR DA	Ruptured ane		abdomina	al aori	ta		QN5	day
	11 -	DUE TO	1	. 16d I		•				-
	Cord. dany	2 4 3	Severe ather	nscleros	สาร				นท	known
	gave rise to immedi	eta causa		000000					1	
	(a), stating the u	nderlying DUE TO								
_	cause last.	J (c)	TIONS CONTRIBUTING TO D	FARN BUT NOT	TI A TER TO THE		DIECTO CO	ANTION OUTS		LIVAS ALIEODEV
호	Pulmonery	tuberculo	sis; intestin	i Sam Ta	manev.	histor	rical.	tvne ar	nd site	PERFORMED?
ž	* amazan								YI DI VY	15 🔼 NO 🗍
CERT	OR CONTRIBUTING	AS UNDERLYING [] CAUSE OF DEATH MEDICAL EXAMINER]	206. DESCRIBE HOW INJU	IRY OCCURED. (I	inter neture of i	njury in Part f	or Part II of	item 18 )		
3	ZDE. TIME OF INJU		r , 20d. INJURY OCCURRI	ED ! 20e. PLACE	OF INJURY (He	ome, form, . 2	Of. (City or	town)	(County)	(Siele)
MEDICA	Hour e.m.	19	While Not While	factory	, street, office b			,		
		nat (I) (this hospit	al) attended the dece	ased from	2/21/	7126	2, to	2/28/	, 1962, fh	at (I) (we) last
		ed elive on	1 - 1 -			7:1				e stated above.
	228 SIGNATURE	77	ti.						-	22b. DATE
		WHE	Wey	M.D	PHYS,		TOR 🔀	STAFF PHYS.	2/28	/62 SIGNED
	22c. PHYSICIAN'S NAME (Type)	Noo Main	a M D		22d. ADDR	ESS	lenn l	Dale Hos	saital	
	10/5/10 (1/50)	Moe Weis	5, M.D.			_		Dale. Mc		
23		ON, 1 236. PATE THER	EOF Jac NAME O	F CEMETERY OR	CREMATORY			ON (City, lown		(State)
1 4	DEMOVAL: (Specify)	3/3/	62 (arm	er m	emeri	11	X	0	, , )-	nd
24	EMNIMAL DIRECTOR	7	ADDRESS	1		5a. REC'D B	Y REGISTRA	R 25b. REGIST	TRAR'S SIGNATE	JRE
d	D. A. I	1. A.	de A	OAKIS	00. mo	1	5 '62	1	ma S. Ma	
1 3	VIX-IV-LV. Y	be ' Colle	ANGULA .	LHUNK	XXI, THE	CULT THE PARTY	6. 02	1 40		

02297

TO HOSPITAL OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

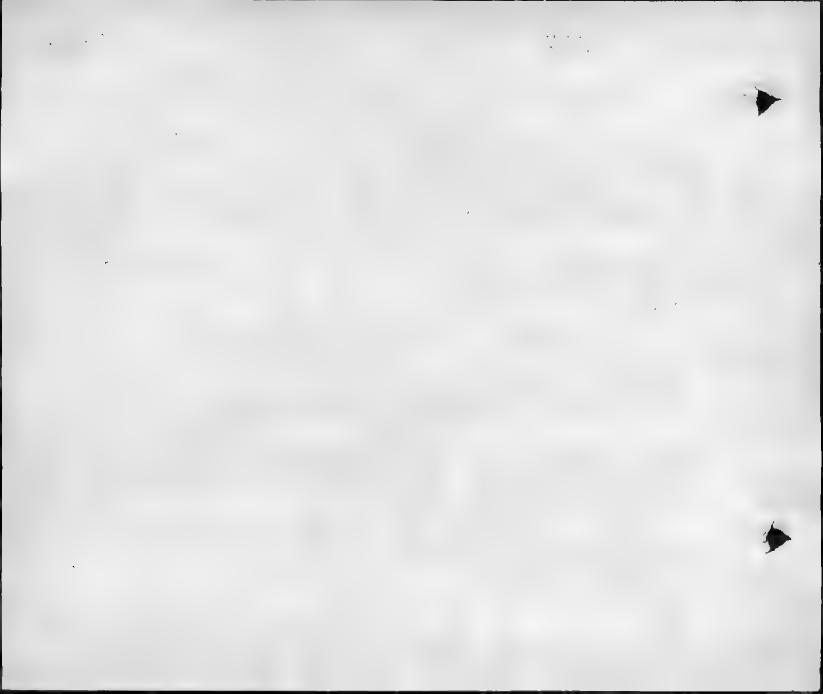
TO FUNERAL DIMETER PAGE After this certificate has been signed by the attending physician and completely filled in by the funerally director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages Farra 2 should be filed with the Stalle Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. VR AIS (4) ISM 7/61



### MARYLAND STATE DEPARTMENT OF HEALTH 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OF STATISTICAL RESEARCH AND RECORDS CERTIFICATE OF DEATH 02316 2. USUAL RESIDENCE (Where deceased I ved, If institution, Residence before edmission) . PLACE OF DEATH e. COUNTY b. COUNTY Maryland Prince George's Prince George's MARYLAND c CITY OR TOWN If outside comparete limits, write RURAL end give necrest town) b. CITY OR TOWN (if outside corporate limits. r. LENGTH OF STAY IN 16 write RURAL end give necrest town) Baltsville 4 Hours after Cheverly C filled n . IS RESIDENCE d STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (I not in hospite, nive street eddress) ON A FARM? 10622 Molcolgra Lane Prince George's General Hospital YES NO completely papers. 3. NAME OF DATE Month Day Year DECEASED February 21 Thomas DEATH 19 62 George (Type or print) AGE "n years IF UNDER 1 YEAR IF JINDER 24 HRS. 8. DATE OF BIRTH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED hdey) Months pue Hours April 20, 1881 Colored Mala WIDOWED Y DIVORCED 12. CITIZEN OF WHAT COUNTRY? 106 K ND OF BUSINESS OR NOUSTRY 11 B RTHP, ACE (County & Siet 1De. USUAL OCCUPATION (Give kind of work country) done during most of working life, even if retired) U. S. A. Maryland nding phys please rem Laborer 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME c George Thomas Angeline s attendir Then ple 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address (Yes, no, or unkown) | (Ifyesgive werordetes of service) oval Olivia Gross: same as item 2: has been signed by the all burial-transit permit. INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per I re-for (a) ,b] end ,c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMED ATE CAUSE (e) DUE TO Conditions, if any, which gave rise to Immediate cause DUE TO (e), steting the underlying the buri PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.) 19 WAS AUTOPSY cate PERFORMED? hospital certificate S 0 NO 20e. ACCIDENT WAS UNDERLYING [ | 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of Item 18 ) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER] 2Dd. INJURY OCCURRED , 2De. PLACE OF INJURY (Home, farm, 2Df. (City or town) (County) (Stete) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Not While While Hour e.m. at work et work O 22b. DATE 22e. SIGNATURE ATTENDING STAFF SIGNED 22/62 DIRECTOR PHYS. PHYS. death. Page 4 of FUNERAL. director, page 3 be filed with the 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) eanne C. Bateman, M. D. 940 25th St. N.W., Washington 7, D.G. 234 NAME OF CEMETERY OR CREMATORY | 23d. LOCATION (City, town or county) 23a, BURIAL, CREMATION, 23b., DATE, THEREOF Ash Memorial.. REMOTY ALTHOUGH Sandy Spring. နှင့်နှင့် 25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE VR A15 (4) FER 2 8 '62 Cushin 1 d. v. 40 Rockville. Md. 15M 9/80 Robert L. Snowden:



ON STREET, BALTIMORE 1, MARYLAND funeral 1. PLACE OR DEATH USUAL RESIDENCE (Where decreased lived, if institution; Residence before admission) a. COUNTY MARYLAND outside corporate limits, write RURAL and give nearest town, b IC IY OR TOWN (if outside comporate Cmits, C. LENGTH OF STAY IN 16 filled . IS RESIDENCE ON A FARM? YES NO NO 3. NAME OF DECEASED OF DEATH (Type or print) 9. AGE (In years | F UNDER 1 YEAR) 5. SEX IF UNDER 24 HRS. NEVER MARRIED last birthday) and Months DIVORCED physician 106. KIND OF BUSINESS OR INDUSTRY 12. CIT ZEN OF WHAT COUNTRY? please allending 16. SOCIAL SECURITY NO (Yes, no, for unknwn) | (Hyes give war or dates of service) 18 CAUSE OF DEATH (Enter only one cause per line or (a), (b) and (c) INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to minediate cause DUE TO (a), stating the undarlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED THE TERM NAL DISEASE CONDITION GIVEN IN PART 1,a) 1 19. WAS AUTOPSY PERFORMED 20a ACCIDENT WAS UNDERLYING [ ] 1 20b. DESCRIBE HOW NJURY OCCURED. (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED : 20e. PLACE OF INJURY (Home, farm, 20f., City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Not While Hour a.m. at work at work 21. I certify that (I) (this hospital) atjended the deceased from...... and that death occured that .. saw the from the causes and on the date stated above. 226. DATE ATTENDING 5 GNED DIRECTOR PHYS. death. Page 4 22c. PHYSICIAN'S 22d. ADDRESS director, 23c. NAME OF CEMETERY OF CREMATORY 238. BURIAL, CREMATION, 235 DATE THEREOF VR A15 (4) (S 1 1



Division of STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if Institution: Residence before admission) a. COUNTY Page 6. COUNTY Prince George Prince George's MARYLAND b. CITY OR TOWN (if outside corporate limits, E. LENGTH OF STAY IN 16 c. CITY OR TOWN (It outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) ~Greenbelt days Cheverly d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street address) d. STREET ADDRESS . IS RESIDENCE Prince George's Hospital ON A FARM? k Southway Road K ON SIY 3. NAME OF Middle 4. DATE DECEASED 62 (Type or print) February Tillie Tonker DEATH Agnes 6. COLOR OR RACE T. MARRIED TENEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years LIF UNDER 1 YEAR I IF UNDER 24 HRS. White last birthday) Female Months Days DIVORCED WIDOWED [ 10a, USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CUIZEN OF WHAT COUNTRY? done during most of working life even if rothed) Retired e pages 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Anna Cunat Fred Richter 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO., 17. INPORMANT Addrs Greenbelt. Md. (Yes, ac, or unkown) (Ifyesgivewerordelesofservice) Mrs. Nancy M. Fox, 44B Ridge Road, 18. CAUSE OF DEATH |Enter only one cause per line for (e), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Hemorrhage and shock MMEDIATE CAUSE (+) DUE TO Massive retroperitonal hemorrhage gave rise to immediate cause **DUE TO** (e), stating the underlying Fracture of the pelvis, fractures of ribs PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1.01/19. WAS AUTOPSY PERFORMED? YES IN NO 1 artificate, writing the water ded to the Chief Medit CCTOR: Page 3 should ent, prior to burial, or 20s. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of Injury in Pert I or Part II of Illem 18.) PRIMARY OF OF CONTRIBUTING in an automobile that was in a collision Pagesenger 20d. INJURY OCCURREDM 20s. PLACE OF INJURY (Home, farm, 1 20f., (City or town) (State) While Not While of work ROAD street, office bldg., etc.) Mitchellville 62, 21. I certify that I took charge of the remains described above, held an Autopsy [x]. Inspection [x]. Inquiry X and in my opinion forwarded to death resulted from: Natural causes Accident Suicide [ Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL should be for FUNERAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY DEPUTY MEDICAL EXAMINER February 7. 1962 EXAMINER'S NAME (Type) Boyd James L. Address (Street, city, town, or county) ZZo. BURIAL OTHEATIONS - REMOVAL (Specify) 22c. NAME OF CEMETERY OF CRIMATION 226. DATE THEREOF 22d. LOCATION (City, town, or country) 40 8 Burial Feb.10,1962 Fort Lincoln Cemetery Bladensburg, Maryland 23. FUNERAL DIRECTOR 240. REC'D BY REGISTRAR ! 24b. REGISTRAR'S SIGNATURE VS. AISME W. W. CHAMBERS CO. Riverdale, Md. Circling & Henry

MARYLAND STATE DEPARTMENT OF HEALTH



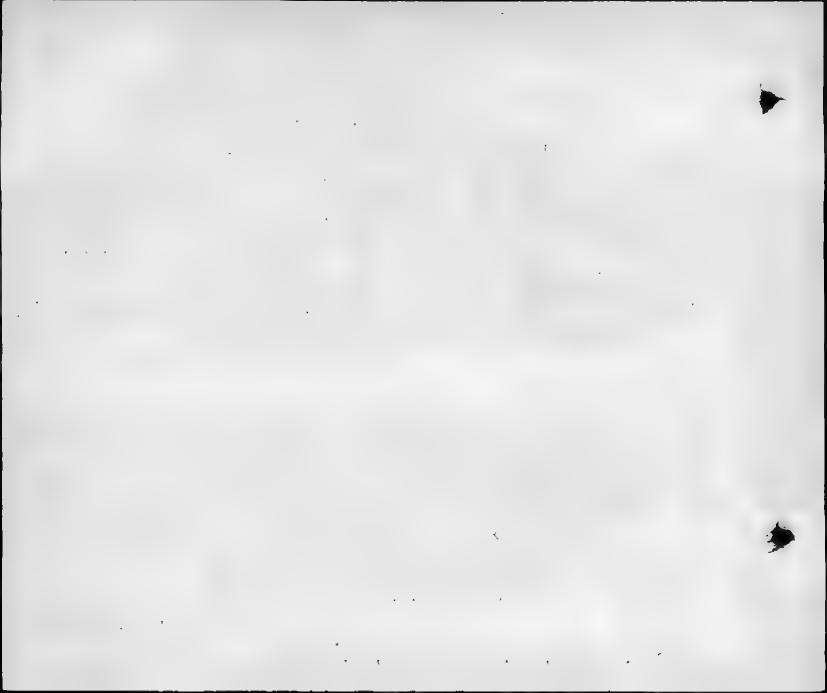
FOR STATE HEALTH DEP TO DEPUTY MEDICAL Iterate, writing the word "pending" in pend in item 18. Give Pages 1, 2, and 3 to the funeral direct. Page 4 should be execute lift of the funeral direct. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your. Page 6 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your. Page 7 should be used as a burial-transit permit file pages 1 and 2 with the State Board of Health, or fix designated agent, prior to burial, cremation, or fix designated agent, prior to burial, cremation, or removal, and in any event, within 72 hours after death.

> VS, A15ME 5M 9 60 1/2

## MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 12319 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 12301

		PLACE OF DEATH  2. USUAL RESIDENCE (Whare deceased lived, if institution: Residence before admission)  3. COUNTY
	ľ	II, STATE B, COURT
	-	b. CITY OR TOWN (if outs de corporate I mits, c. LENGTH OF STAY IN Ib c. CITY OR TOWN (if outside corporate I mits, write RURAL and give nearest lown)
		wrie RURAL and give nearest lown)
		Cheverly 8 1/2 hrs. Mt. Rainier  d NAME OF HOSPITAL OR INSTITUTION (f not an hospital, g ve street address)  d, STREET ADDRESS
1		ON A FARM?
		Prince George's General Hospital 4009 30th., Street Yes Now Year
		DECEASED
		(Type or print) James Edward Trainor February 10, 19 62
	5.	SEX   6. COLOR OR RACE 7. MARRIED   NEVER MARRIED   B. DATE OF BIRTH   9. AGE (In years I F UNDER 1 YEAR   IF UNDER 24 HRS.
!		hale White widowed Divorced X August 1, 1909 52 yrs. Months Days Hours Min.
		USUAL OCCUPATION (Give kind of work 106 KIND OF BUSINESS OR INDUSTRY 11. BERTHPLACE (State or fore gn country)
		C/AVERTY
	13.	FATHER'S NAME U.S.A. U.S.A. U.S.A.
1		Mhomog Alastondon Products Taller Mild alasta M. 3 - 3
	15.	Thomas Alexander Trainor Helen Elizabeth England WAS DECEASED EVER IN U.S. ARMED FORCES? 1.16 SOCIAL SECURITY NO. 17 INFORMANT
and the	(Ya	WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT s, no, or unknown) (Hypergive we rordeles of service) 578-01-9/60 Joseph L. Trainor 9104 Providence Ave
	Ι.	No P/8-0/-9/60 Joseph L. Trainor, 9104 Providence Ave.
		ON LOCAL AND DATA PARTY.
		PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (B) CEREBRAL HEMURRHAGE
		DUE TO
		Conditions, if any, which (b)
		(a), stating the undarlying DUE TO
		cause last. (c)
	NO.	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED?
λ.	5	YES K NO
	CERTIF, CATION	206. EXTERNAL CAUSE WAS 206. DESCRIBE HOW INJURY OCCURED. (Enfor nature of injury in Part I or Part II of Item 18.) PRIMARY Or CONTRIBUTING
		CAUSE OF DEATH.
	MEDICAL	20c. TIME OF INJURY Month, Dey, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, ferm, '20f. (City or town) (County) (State)
	MED	Hour a.m. While Nor While at work at work
		21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . and in my opinion
		death resulted from Natural causes 🔀 Accident 🗍 Suicide 🗍 Homicide 🗍 Undetermined manner
		CHIEF MEDICAL EXAMINER
		SIGNATURE DATE SIGNED DATE SIGNED
		DEPUTY MEDICAL EXAMINER TO 100 /00
		NAME (Type) JANES I. BOYD, M.D. Address (Street, city, town, or county)
	220	BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, lown, or country) (Sible)
		Burial 2-12-62 Fort Lincoln Cemetery Prince George's Co. Maryland
i	23.	FUNERAL DIRECTOR PROGRAMMENT CONTROL OF THE STREET AND
	IJ:	arner E. Pumphrey, Inc. Silver Spring, Md. DARP 14'62
	b	



the fune TO HOSTITAL ON ATTERMENT PHYSICIAN: THE Now requires that the death certificate be executed within 24 death. Page 4 may retained by the hospital or attending physician.

TO FUNERAL DIV STORE: After this certificate has been signed by the attending physician and completely filled in director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages, be filed with the State Dept, of Health prior to burial, cremation, or removal, and in any event, within 72 hours after at

VR A15 (4) 15M 9/60

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127 15	Jp.
A STATE OF THE PARTY OF THE PAR	X
ter arai	/1

### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND (232) CERTIFICATE OF DEATH 02200

/		2. USUAL RESIDENCE (Where dacased lived, if institutions Residence before admission) b. COUNTY Prince George's
	b. CITY OR TOWN (if outs de corporata I mits c. LENGIH OF 5) write RURAL and give nearest town) Cheverly d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give struct ad-	Rogers Heights drass d. STREET ADDRESS a. IS RESIDENCE
	Prince George's General Hospital  3. NAME OF DECEASED (Typa or print)  Arthur EP	1 5603 Decatur Place   ON A FARM? YES   NO   NO   NO    Lest   4. DATE   Month   Day Year    OF   Month   Day Year    OF
	5. SEX  6. COLOR OR RACE' 7 MARRIED NEVER MARR  101  102  103  104  105  105  105  105  105  105  105	Months Days Hours Min.
	done during most of working Life, even if ratirad)  Ceramic  Supplies  13. FATHER'S NAME	Ohio U.S.A.
	Arthur Emil Trost Sr.	Lida Camp
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY (Yas, no, or unknown) ((figes givawar or dates of service)	T 12 35 FF
	110 [ 18. CAUSE OF DEATH Enter only one cause per line for a) (b) and	I NTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which (b) Harber for	in landic-renal desease
	gave risa to Immadiate cause (a), stating the underlying cause last.  (c)	upedios 2-3-62
	PART II OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEA  208. ACCIDENT WAS UNDERLYING 206 DESCRIBE HOW INJURY OR CONTRIBUTING TO CAUSE OF DEATH I (IF EITHER, NOTIFY MEDICAL EXAMINER)	YES NO N
	206 DESCRIBE HOW INJURY OR CONTRIBUTING ID CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	(OCCURED (Enter nature of injury in Part I or Part II of Name 18.)
	ZOE TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Whila Not While at work 19 at work at work	20e. PLACE OF INJURY (Home Jarm, 20f. (City or town) (County) (State) lactory, street, office bldg., atc.)
İ	21. I certify that (I) (this hospital) attended the deceas	
:	228. SEPATURE SARAGEAGE	and that death occured at 11 80 from the causes and on the date stated above.  ATTENDING MED. STAFF SIGNED PHYS. DIRECTOR PHYS. 22d ADDRESS
i	NAME ITYPE George J. Hageage	3717 38th Avenue, Cottage City, Maryland
	23a. BURIAL, CREMATION, 23b DATE THEREOF 23c. NAME OF Burial 2/10/62 Mt. Oli	CEMETERY OR CREMATORY 23d, LOCATION (City, town or county) (State)  Vet Washington D. C.
	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250, REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE
	Francis Gasch's Sons Hyattsvil	le, Marylandonie FFB 8 162 Cours & thous



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02321 CERTIFICATE OF DEATH Reg. Dist. **Q2303** 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission) p. COUNTY o. STATE **b** COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write) c. LENGTH OF STAY IN 16 c. CITY OR TOWN-Alf outside corporate limits, write RURAL and give negrest fown). d NAME OF HOSPITAL (If not in hospital, give street address) e IS RESIDENCE OR INSTITUTION YES NO 25 ,5 3. NAME OF DATE Yeor filled DECEASED OF DEATH (Type or print) Poges SEX-6 COLOR OR RACE 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7 MARRIED NEVER MARRIED B. DATE OF completely lost bighday) Months Days Hours DIVORCED [ WIDOWED X papers. 10a USUAL OCCUPATION (Give kind of work done 10b during/mpst of working life, even if retired) KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (State or foreign country) 12. CIFIZEN OF WHAT COUNTRY? puo 13 FATHER'S NAME physician S ARMED FORCES? 16 SOCIAL aftending INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). 亩 PART I. DEATH WAS CAUSED BY:
IMMED ATE CAUSE (o) Laur DUE TO Conditions, if any, which gned gove rise to immediate DUE TO couse (a), stating the underlying couse fost burial-tronsit has been OTHER SIGNIFICANT CONDIT O THE TERMINAL DISEASE CONDITION GIVEN, N PART 1(0) 19 WAS ALTOPSY PERFORMED? 윰 YES NO T 64726-4 Coro 200 ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 4 or Port 4 of item 18.) certificate TIME OF INJURY Month 20d INJURY OCCURRED Doy Year 20e PLACE OF NLURY (Home form, 20f. (City or town) (County) (Stote) foctory, street, office bldg., etc.) Hour o. m. While Not while of work of work D. m. 1962 That I last saw the deceased 21. I certify that liattended the deceased from and that death accurred at 42 alive on M, from the couses and an the date stated above. ADDRESS (Street, city or/fown state) DATE SIGNED TO FUNERAL DIRECTO
page 3 shauld be de.
the registrar prior to I ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)

NAME OF CEMETERY OR CREMATORY,

**ADDRESS** 

22d. LOCATION (City, town, or county)

24b. REGISTRAR'S SIGNATURE

Total Lange

240 REC'D BY REGISTRAR

(Stote)

VS A15 (4) 1SM 9/SB

220 BURIAL CREMATION.



## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

02222

02304

ONORE CERTIFICA	0.004			
PLACE OF DEATH P. COUNTY MARYLAND MARYLAND	2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission)  o. STAND.  b. COUNTY  Pr. Geo.			
b. CITY OR TOWN (If outside corporate limits, write RURA, and give regrest town)  2 Yrs.	c. CITY OR TOWN (If outside corporate limits write RURAL and give nearest fown)  Hyattsville			
d. NAME OF HOSPITAL (If not in hospital, give street oddress) 57.07 NJAMEStown Rd.	d. STREET ADDRESS  5707 Jamestown Rd.  6 IS RESIDENCE ON A FARM? YES NO			
NAME OF DECEASED (Type or print)  HERBERT  First  R. Middle	WELLS 4. DATE Month Day Year Peb. 9 1962			
Male White WIDOWED DIVORCED	8 DATE OF BIRTH 14 Mar 1896  9 AGE (In years of birthday) Add (If UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.			
on USUAL OCCUPATION (Give kind of work done during most of working life, even if ratice) artographic Aid, Ret. Army Map Serv.	STRY 11. BIRTHPLACE (State or foreign country)  Maryland  12 CITIZEN OF WHAT COUNTRY  U.S.A.			
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME			
James A. Wells	Linda Rodamor			
(Year-no, or entrown) (If was more were no detect of service)	viormant Address elaide W. Wells Same as # 2 ( Wife )			
gove rise to immediate couse (a), staling the under-lying couse last.  DUE TO	be cy to pece : a			
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19 WAS AUTOPSY PERFORMED?  YES NO DECEMBER.				
20a ACCIDENT WAS UNDERLYING   20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port II of item 18 )  OR CONTRIBUTING   CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)				
20c TIME OF INJURY Month, Day, Year While Not while p. m. 19 While of work of work 19 of				
21 I certify that (I) (this hospital) attended the deceased from. 10-19 1961, to 2-9 , 1962 that (I) (we) last sow the deceased alive on 2-1962, and that death occurred at AM, from the causes and on the date stated above				
220 SIGNATURE Raldflexher Mr. N.	M. D. ATTENDING MED STAFF 226. DATE SIGNE PHYS 2-9-6 1			
22c PHYSIC ANS S. FLEISCHER	Ge S SHERIA AN Sh. 144ATTSVILLE!			
Burna (Specify) 23b. Date Thereof 2/12/62 23c Name of Cemetery of Arl. Natl. C				
FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250 REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE			
F. Gasch's Sons Hyattsville, Md.	DATE FEO 1 3 '62 -1 8. Thomas			

al director. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. Page may be returned by the hospital an ottending physician.

TO FUNERAL DIRECTOR Attention this certificate has been signed by the ottending physician and campletely filled in by the first place page 3 should be detached for use as the burial-transit permit. Then please remained pages? Pages 1 and 2 should the distribution of removal, and in any event, within 72 hours after death. VR A1S (4) ISM 9/S9



STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 02323 2. USUAL RESIDENCE (Where deceased lived, If institution, Lesidence before admission) I. PLACE OF DEATH e. COUNTY b. COUNTY c. CITY OR TOWN (If outside corporete limits, write RURAL and g ve b. CITY OR TOWAL (if outside corporate limits, male RURAL and give filled e. IS RESIDENCE ON A FARM? YES NO DE 3. NAME OF DECEASED (Type or pant) AGE (In Years HE UNDER I YEAR IF UNDER 24 HRS 5. SEX pue sest birthday) Months Hours WIDOWED IV DIVORCED physician 10a. USUAL OCCUPATION (Give kind of work 1 12, CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY please 13. FATHER'S NAME attending Then ER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORM (Hyas give war or dates of service) ONSET AND DEATH PART f. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e DUF TO Conditions, if any, which gave rise to immediate cause (a), steting the underfying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBLTING TO DEATH BUT NOT RELATED TO THE TERM NA. DISEASE CONDITION GIVEN IN PART 16 19. WAS AUTOPSY PERFORMED? NO F 206 ACCIDENT WAS UNDERLYING \_ 206. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING \_ CAUSE OF DEATH UF EITHER, NOTIFY MEDICAL EXAMINER (State) 20d. NJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm. 20f. (C ty or lown) (County) 20c. TIME OF INJURY Month, Dey, Year factory, street, office bldg., etc.) While Not While Hour e.m. al work el work ... .... .., 19....., that (1) (\*\*) last 21. I certify that (I) (this hospital) attended the deceased from. 19 .... , jo saw the daceased alive on DATE 22e, SIGNATURE ATTENDING! **A**IGNED DRECTOR PHYS. PHYS. 22¢ PHYSICIAN 22d, ADDRES LOCATION (C ty, lown or county) 234. BURIAL, CREMATION, O V8 A15 (4) 15M, 7761

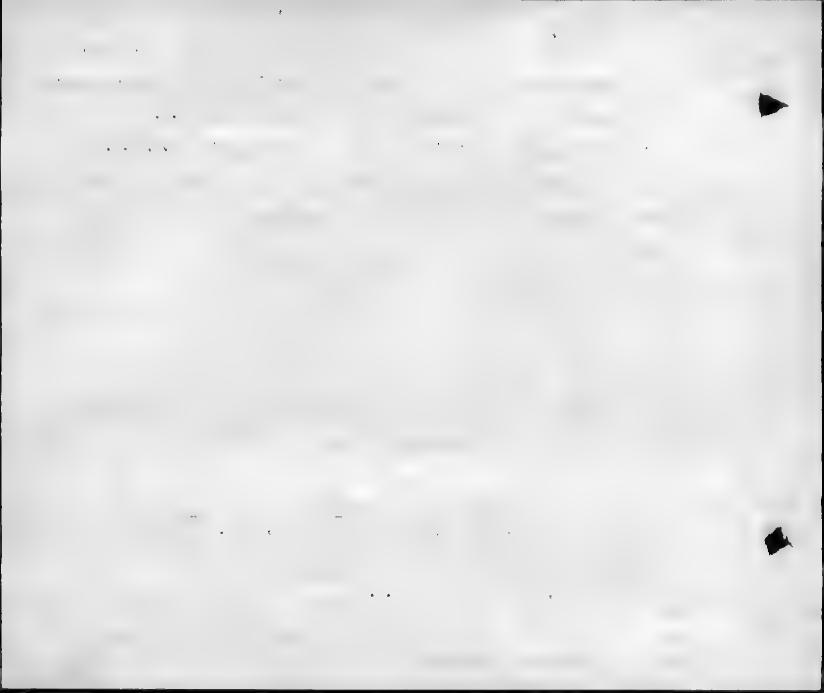
AND STATE DEPARTMENT OF HEALTH



	02324	CERTIFICATE OF DEATH	02306
1	1. PLACE OF DEATH		aceased I ved, If institutions Residence before admission)
		MARYLAND 6 STATE Maryland  LENGTH OF STAY IN 15 c CITY OR TOWN (If outside corp	b. COUNTY Prince Georges  corata limits, write RURAL and giva nearast lown)
۱	write RURAL and give nearest town) Cheverly	10 days / Laurel	
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital	d STREET ADDRESS	IS RESIDENCE ON A FARM?
	Prince Georges General 3. NAME OF Frsi	Middia Last 4 DATE	y Springs Road YES NO X
1	(Type or print) James	E. Whaley DEATH	7eb 26 1962
	5. SEX 6 COLOR OR RACE 7. MARRIED		AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months, Days Hours Min.
			158 yrs   1   1   1   1   1   1   1   1   1
	Retired Insurance (1)	Luciana Collhetestane	Va. USA
	Robert Kent. W.	14 MOTHER'S MADEN NAME	le Sanders
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SC (Yes, no, or unkown) (Ifyes g vewer or dates of service)	OCIAL SECURITY NO 1' INFORMANT	Address 1+
	18 CAUSE OF DEATH [Enter only one couse per line	otor (e) (b), end (c)	M. Whilesland Va I INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (e)	ennec's Cinnhosis of	LIVER 3 MOS.
	DUE TO		
	Conditions, if eny, which (b)		
	(a), stelling the underlying DUE TO cause last.		
	101	RIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE	CONDIT ON GIVEN IN PART 1(8) 19, WAS AUTOPSY PERFORMED?
	Emphy 5		YES
MEDICAL CERTIFICATI		IBE HOW INJURY OCCURED, (Enter neture of injury in Pert / or Pert I	II Oli Mene 10 (7
	Hour a.m. While	URY OCCURRED 20e PLACE OF INJURY (Home, farm, 20f. ICit Noi While factory, street, office bldg., etc.)	y or town) (County) (State)
	21. I certify that (I) (this hospital) attended	ed the deceased from 2/17/62. 19 , to	2/26/6,379 that (1) (we) las
Ì	saw the deceased alive on .2/26.	1962, and that death occured at 7 M, from	n the causes and on the date stated above
	22a. SIGNATURE	ATTENDING MED DRECTOR	STAFF PHYS. 2/26/62 SIGNED
	22c PHYSICIAN'S NAME (Type) WORMAN DOW	Ar Comenu 3503 Penny 51	INT RIWIER ML
	230. BURIAL, CREMATION, 236 DATE THEREOF BENOVAL (Specify) 3 / 6 2	239 NAME OF CEMETERY OR CREMATORY 23d. OC Union Cemetery Bu	ATION C ty, town or county) (State)
1	24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS 25 REC'D BY REGIS	STRAR 256 REGISTRAR'S SIGNATURE
	De Will Wanalden	n Kaunel My DATE MAR 1'	62 Cu my & Through

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND





funeral TO HOSPITAL OR ALTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may "valued by the hospital or attending physician."

IN THERAL DIBY S. After this certificate has been signed by the attending physician and completely filled in by the function, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and schoold be filled with the State Dept. of Health prior to burial, cemation, or removal, and in any event, within 72 hours after death—

VR A15 (4) 1SM 7 61 MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

_					300
1.	PLACE OF DEATH		2. USUAL RESIDEN	ICE (Where deceased lived, if institution	n: Residence before adm ss'on)
1	Prince Georges	MARYLAND	a. STATE	D. C. b. COUNTY	e e e
-	b. CITY OR TOWN (If outside corporate I mits,	c LENGTH OF STAY IN 16	CITY OF TOWN	(If outside corporate limits, write RURAL	and nive nearest lown
1	write RURAL and give nearest town)	23 days	C. C		the give however town
	Glenn Dale (rural)			Washington	1
	d NAME OF HOSPITAL OR INSTITUTION (IT not in hosp	SIBI, give Street Eddress)	d. STREET ADDRESS		IS RESIDENCE ON A FARM?
	Glenn Dale Hospital		-	1330 S. Cap. St., S.	YES NO IN
3	NAME OF First DECEASED	Middle	Last	4. DATE Month	Day Yeer
	(Type or print) Charles	W.	White	DEATH	3 1962
5	SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED 1 8	DATE OF BIRTH		ER I YEAR IF UNDER 24 HRS.
	Male Negro widowid	eparated	12/17/0	14 last birthday) Months	Deys Hours Min.
14 d	e. USUAL OCCUPATION (Give kind of work 10b, Kilone during most of working life, even if refired) Squar	ND OF BUS NESS OR INDUSTR	Y IS BIRTHPLACE (Cou	nty & State or foreign country) 12.	CITIZEN OF WHAT COUNTRY?
	Truck-driver 13025	Cap. St., S.	E. Washing	gton, D. C.	USA
Ti	. FATHER'S NAME	TOWNER DOLLAR	14. MOTHER'S MAIDEN		
	Dan Lewis		Eliza V	White Hawkins	
1	. WAS DECEASED EVER IN U.S. ARMED FORCES?   16	SOCIAL SECURITY NO.   17.	NFORMANT	Address	
10	es, no, or unkown) (Ifyesgivewerordelesofservice)	79-01-3073	Decedent		
	18. CAUSE OF DEATH  Enter only one cause per l'	1 N No	Deceasing		INTERVAL BETWEEN
					ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY. Massive hemorrhage				z days
	DUE TO				
		ured esophagea	l varices		
	(a), stelling the underlying cause last.  DUE TO  Laennec's cirrhosis of the liver				
z	PART II. OTHER S GNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NA. DISEASE CONDITION GIVEN IN PART III. 19. WAS AUTOPSY				
¥ ĭ ¥	Elruimonary tuberculosis; renai disease with azotemia, etiology unde-				
100	o vermined, parmonary edema				
- H	20e. ACCIDENT WAS UNDERLYING [ ] 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Perl II or Perl II of Item 18.) [ (OR CONTRIBUTING [ ] CAUSE OF DEATH [ OF CONTRIBUTING [ ] CAUSE OF DEATH [ OF CONTRIBUTING [ ] CAUSE OF DEATH [ OF CONTRIBUTION [ ] CAUSE OF D				
		MILIBY OCCUPATES 20 NA	CC OF INTERPORT	201 (64)	Taranta (Sarah
DiCA1	20c. TIME OF INJURY Month, Dey, Yeer 20d. II	NJURY OCCURRED 20e, PLA	CE OF INUURY (Home, far ory, street, office bldg., et	m, 20t. (City or town) (C	County) (State)
WED	p.m. 19 at work			ļ	
	21. I certify that (I) (this hospital) attend	led the deceased from	1/11/	19.62 102/.3/	19 62 that (I) (we) last
	saw the deceased alive on .2/3/62	19 and that		A.M. from the causes and o	n the date stated above.
	22a, SIGNATURE				22b DATE
	IMAP MAG	M M	ATTENDING PHYS.	MED. STAFF DIRECTOR TO PHYS.	2/3/62 SIGNED
	22c. PHYSICIAN'S		22d. ADDRESS	Glenn Dale	Hospital
	NAME (Type)	D		Glenn Dale,	
2	MOC Welss, M. SURIAL, CREMATION 1236, DATE THEREOF	23c. NAME OF CEMETERY	OP COPMATORY	23d. LOCATION (City, lown or co	* ***
	REMOVAL (Specify)				
-	Burial 2-9-62	National Harm		Prince George's	
24	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	1 - 06	C'D BY REGISTRAR 256. REGISTRAR	
1	for her 1/1 Mines VC	3015-19	N.E. D.C. DATE	FR 8 '62 C: ( *	X. 16 W.
	ROSOLTI DOL			the was established a Art Art 1111	
	110 WILL THE	100 S. ARAD S. AM. A. A. A.			

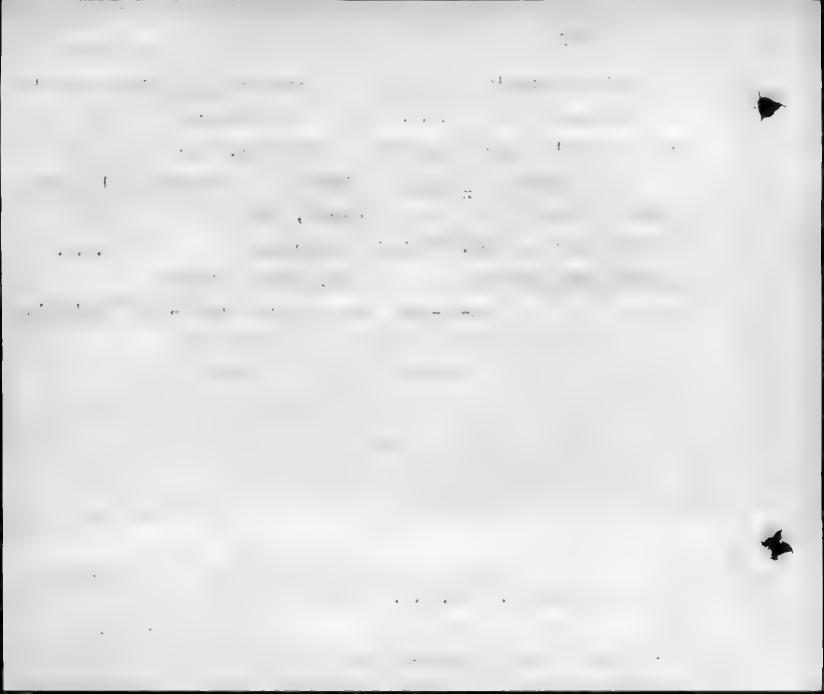


Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased area, if institution, Residence before admiss on) a. COUNTY b. COUNTY Prince George MARYLAND Maryland Prince George Prince George's b CITY OR TOWN (if outside corporate Limits. 1 c. LENGTH OF STAY IN 16 write RURAL and pive nearest town) Cheverly D.O.A. Seat Pleasant d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? etained e State B death. Prince George's General Rospital YES 🔲 NO 📮 DECEASED OF (Type or print) DEATH February Vindsor 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BRITH 9. AGE (In years | IF UNDER I Y IF UNDER 24 HRS. last birthday) Months | WIDOWED DIVORCED [ 10a. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUS NESS OR INDUSTRY | 11. B.RTHPLACE (State or foreign country) 1 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) PM3. Pages 1 pages 1 Car Inspector Wash. Terminal Maryland Sidney John Windsor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. S or May Estelle Windsor 16, SOCIAL SECURITY NO. 17, INFORMANT (Yes, no, or unkown) (Ifyesg vewarordelesofservice) Seat Pleasant NO 719-03-1620 Jacob Hezekiah Windsor 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Acute congestive heart failure IMMEDIATE CAUSE (a) DUE TO Hypertensive heart disease Conditions, if eny, which gave rise to immediate cause DUE TO (e), slating the underlying PART II. OTHER SIGNIFICANT CONDITION'S CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND.T.ON GIVEN IN PART 1.0) 19, WAS AUTOPSY PERFORMED? 20a EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of Injury In Part I or Part II of Itam IB.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. he s 20c. TIME OF INJURY Month, Day Year 20d. NJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or lown) (County) Not While factory, street, office bldg., etc.) While et work at work 21. I certify that I took charge of the remains described above, held an Autopsy | |, Inspection | | 0 Inquiry 🚾 and in my opinion DIRECT Natural causes | death resulted from: Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER esse execute the should be forward by FUNERAL DIT ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY DEPUTY MEDICAL EXAMINER 2/22/62 **EXAMINER'S** NAME (Type) BOYD M. D. Addr 22c. NAME OF CEMETERY OR CREMATORY Address (Street, city, town, or county) 228 SURIAL, CREMATION 22d. LOCATION (City, town, or country) REMOVAL (Specify) Burial 240 g Ft. Lincoln Colmar Manor, Maryland 23. FUNERAL DIRECTOR 24s. REC'D BY REGISTRAR 1 24b. REGISTRAR'S SIGNATURE VS. AISME Hyattsville, Maryland DATE FEB 2 6 '62 C Lut S. France Francis Gaschus Sons

NO T

MARYLAND STATE DEPARTMENT OF HEALTH



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 34 hours after death. Page 4 the relained by the hospital or attending physician.

TO FUNERAL DEAECTOR: After this certificate has been signed by the attending physician and completely filled to the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 15M 9/60 MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 02310

П	a. COUNTY		2. USUAL RESIDEN	CE (Where decess		esidence be	tore admission!
7	Prince Georges	MARYLAND	a. STATE	vland	b. COUNTY Prin	ce Ge	organ
	b. CITY OR TOWN (if outside corporate limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (	If outside corporate	limits, write RURAL and		
	write RURAL and give neeres! lown)	Q April	19 1104				
7	d. NAME OF HOSPITAL OR INSTITUTION (if not in he	senital give streat address	d. STREET ADDRESS	ningside		1.0	IS RESIDENCE
	of the or the street of the street of the street	spiral, give silves address)	J. STREET PARKETS		_	0.	ON A FARM?
	PrinceGeorges General	Hospital	42	O Allies	Road	YE	S NO
	3. NAME OF First DECEASED	Middle	Last	4. DATE	Month	Dey	Year
Н	(Type or print) Preston	L	Wide	DEATH	Feb	20	19 62
	5. SEX   6. COLOR OR RACE 7. MARRI		DATE OF BIRTH		E (In years   IF UNDER 1		INDER 24 HRS.
	12.4		14 T- 1005			Deys Ho	urs Min.
	- mg. 10	KIND OF BUSINESS OR INDUSTR	14 Jan 1905		1	TEN OF WI	HAT COUNTRY?
	done during most of working life, even if retired)	4	II. BIRTHPLACE (Cour	ny & State, or fores	gn country) 12. Citi	ZEM OF WI	-
		IFE INS	HEVENE		IOMA	4.51	9
	13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME			
	1. NK wash 1		ZNXNOT	11			
	15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16	SOCIAL SECURITY NO. 1 17. 1	NFORMANT	Y ZY	Address 1/2 0/2	11282	1 ROADS
	(Yas, no, or unkown) (Ifyes give werordates of service)	e	11.	1.11==			עוופוו אי
		30-01-5065 1	MRS IRENE	WISE	WASH 23		=======================================
	18. CAUSE OF DEATH [Enter only one cause per	line for (e), (b), and (c).	01 -	7 . 0	. 0		AL BETWEEN AND DEATH
	PART I. DEATH WAS CAUSED BY:  JAMMEDIATE CAUSE (e)	cule	Hefor	re to	celure	2	when
	DUE TO			0			
	Z	x e e	2-11-	ala.	<b>a_</b>	170	
	gave rise to immediate ceuse			V-7-C		-16-	you
	(a), staling the underlying DUE TO						•
	ceusa lest. (c)						
	PART II. OTHER SIGNIFICANT CONDITIONS CO	NTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMI	NAL DISEASE CON	DITION GIVEN IN PART	1(a) 19. W	PERFORMED?
d.	PART II. OTHER SIGNIFICANT CONDITIONS CO	time 2.	lieve s	r AS	HQ.	YES	NO I
	E 200. ACCIDENT WAS UNDERLYING 206. DE	SCRIBE HOW INJURY OCCURED	. (Enter neture of injury in	Pert I or Pert II of it	am 18.)		
	ZDe. ACCIDENT WAS UNDERLYING DOBOTO DE OR CONTRIBUTING CAUSE OF DEATH OF CHARLES OF DEATH OF CONTRIBUTION OF C						
		INCHES OCCUPAND LOS DIA	or or initially the	1 201 1021	16-	- 6 A	((), 1-1
	ZDe. TIME OF INJURY Month, Dey, Year 2Dd Hour a.m. Whi	A	CE OF INJURY (Home, fare ory, street, office bldg., etc		own) (Cou	NEA)	(Stele)
	\$ p.m. 19 at wo		1 1	1	1 /	-	
	21. I certify that (II) this hospital) attention	nded the deceased from	2/10/	196210	2/20/19/	2.2 that	(1) (we) last
	saw the deceased alive on		doub accurad 2	45AM on the		Separate .	* * * *
		A STATE OF THE STA	Oggili Occurao Biva	and the second	a cansas alia oli 1	lie date 3	22b. DATE
	22a. SIGNATURE	1 // .			TAFF	2 /	SIGNED
	Result of	Muchin M	· U ·		HYS.	0 0/	20/07
	22c, PHYSICIAN'S NAME (Type) To TE T 362-0 3-4	37 B				S.E.	
	NAME (1998) Dr. K L Minchi	n., M.D.		ashington	1 28 ., D.C	•	
	238. BURIAL, CREMATION, 236. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATIO	N (City, town or count)	1)	(State)
	REMOVAL (Specify) FER 9271/9	12 WACH A	VOT	Suis	1.0010	,	ND
	24 FUNERAL DIRECTOR S/SIGNATURE	ADDRESS	250 DE	C'D BY REGISTRAR	25b. REGISTRAR'S	SIGNATURE	
	LA LINE AGUA	(12 1 to 10	Lauran		Last mediation 3	SIWHORL	
	sow agingres co	N11-11-115E1	1HOH DODATEFE	B 2 3 '62	C 22 0	tr.	
					2,	Though	

tarying much longer 6/1400 100111 cyretis 9 days While Str. Direct DESCRIPTION OF STREET Anglitan Inquest Partect could 500 mx . 9.5 ERVI a should be with and the second of the second n ē ē July . Of territoria

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

FOR STATE		02329 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 02311
HEALTH DEP ないま	T.	1. PLACE OF DEATH  o. COUNTY  Prince George's  MARYLAND  2. USUAL RESIDENCE (Where decessed lived, if Institution, Residence before admission)  b. COUNTY  Grandville  Nonth Conclusion
d of Hee	V	b. CITY OR TOWN (if outside corporate limits, Mitchell Ville  Transient Creedmoor  70 X-3
y in dilin	V	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  d. STREET ADDRESS  o. IS RESIDENCE ON A FARMER
dela e B		1 Mile off Enterprise Road Box 64
fun fun itati		3. NAME OF First Middla Last 4. DATE Month Day Year
the the		(Type or print) Krist Lounza (Lorenzo) Yarbough February 21 19 62
the bear		5. SEX   COOLOR OF RACE 7, MARRIED   8. DATE OF BIRTH   9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
dead dead wii wii		last birthday) Months Days Hours Min.
S m		Male   May 2, 1916   45 yrs.
and and and and and and and and and and		done during most of working life, even if retired)
Par Par		Laborer Construction North Caroline U.S.A.
Page 13	-	13. FATHER'S NAME
50 5 a C	LI	James Yarbough Louise Lawrence
FO FIE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? LA SOCIAL SECURITY NO. 17. INFORMANT CECLASTIC CADING BOX 272A
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		(Yes, no, or unkown) (If yes give wer or deles of service) Les ! Hortense Yarbough Jessup Md.
will will an		18. CRUSE OF DEATH [Enter only one cause par line for (a), (b), and (c).]
in Pist		ONSET AND DEATH
cil cil		immediate cause (e) Hemorrhage and shock
	1	DUE TO
o Sirii		Conditions, if eny, which Crushing injuries to the body- multiple- severa-
sho sale		gava risa to immedieta ceusa
ate iner as		(a), stelling the underlying cause lest.
per life	n	
P P P P P P P P P P P P P P P P P P P	0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19, WAS AUTOPSY PERFORMED?  YES NO LE
work ical Id (		
he T		208. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of Injury in Pert I or Part II of Item 18.)  PRIMARY or CONTRIBUTING
S S S S S S S S S S S S S S S S S S S		man over by a built dozer.
日本学の五		20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
Par	16	100 42 2/21 19 62el work all work Constuction area Mitchell ville P Q N
ate at in in	-	21. I certify that I took charge of the remains described above, held an Autopsy  , Inspection   Inquiry  , and in my opinion
d to		death resulted from: Natural causes . Accident X. Suicide . Homicide . Undetermined manner
Bent,		^
MED (orwardorna)		CHIEF MEDICAL EXAMINER   ACTUAL  ACCURATE MEDICAL EXAMINED   DATE SIGNED
A 0 0 3 =		SIGNATURE (PANCE) - 1.
ign State	2	EXAMINER'S 2/21/62
de SE ex	L	NAME (Type) / James L. Boyd Address (Street, city, town, or county)
DEPUTY sase execut should be FUNERAI its designa		22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (Stata)
0 240 2		BURIAL 2-25-62 POKES CHAPEL CEM. CREEDMOR, N.C.
H H	1	23. FUNERAL DIRECTOR PALL ADDRESS   240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
VS. ATSME		Chaus Action
SM 9/60		CHARLES G. COOPER-512 CARROLLTON AV.   DARK 2 6 '62

11230 83138 JEDulme all Language books C mountain some and and and Terror The second of th TOU THE PROPERTY OF THE PARTY O offeren and large aggree was of which he arthress The still fire and action Table